

**VILLAGE OF BABYLON  
APPLICATION FOR SUMMER EMPLOYMENT - POOL**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**POSITION APPLYING FOR:** (circle one)

MANAGER                      PUMP HOUSE                      BEACH CREW                      BOOTH  
SWIM INSTRUCTOR                      SWIM AIDE                      LIFEGUARD - Certification Date \_\_\_\_\_

**ARE YOU A RETURNING EMPLOYEE OF THE POOL?** YES / NO

**HAVE YOU WORKED FOR THE VILLAGE IN ANOTHER DEPARTMENT?** YES / NO

IF YES, WHICH DEPARTMENT AND WHEN \_\_\_\_\_

**ARE YOU INTERESTED IN WORKING:** PART TIME / FULL TIME (40hrs)

**LIST ANY VACATION DATES (7 DAY MAXIMUM FOR THE SEASON):**

*\*Vacations are not permitted if working swimming lessons (M-F 6/30 -7/25) as this is a 4-week position*

**DO YOU PLAY A FALL SPORT?** YES / NO    IF YES, WHICH SPORT: \_\_\_\_\_

**WILL YOU BE ATTENDING COLLEGE IN THE FALL?** YES / NO

IF YES, WHICH COLLEGE \_\_\_\_\_

IF YOU WILL BE ATTENDING COLLEGE IN THE FALL, YOU MUST SUBMIT A LETTER WITH YOUR APPLICATION FROM SAID COLLEGE INDICATING THE START DATE

**STAFF T-SHIRT SIZE:** SMALL / MEDIUM / LARGE / X-LARGE / XX-LARGE

**LIFEGUARDS ONLY:**

**T-SHIRT**                      SMALL / MEDIUM / LARGE / X-LARGE / XX-LARGE

**SWEATSHIRT**                      SMALL / MEDIUM / LARGE / X-LARGE / XX-LARGE

**SWEATPANTS**                      SMALL / MEDIUM / LARGE / X-LARGE / XX-LARGE

**PLEASE NOTE - APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF ALL OF THE FOLLOWING DOCUMENTS:**

- VALID PHOTO ID (license, permit, passport, school ID)
- SOCIAL SECURITY CARD
- WORKING PAPERS
- LIFEGUARD CERTIFICATION / CPR

**VILLAGE OF BABYLON  
APPLICATION FOR SUMMER EMPLOYMENT - POOL**

**EDUCATION**

NAME

YEARS ATTENDED

YEAR GRADUATED

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

**WORK / VOLUNTEER EXPERIENCE**

EMPLOYER

PHONE

POSITION

DATES

1. \_\_\_\_\_

2. \_\_\_\_\_

**REFERENCES**

NAME

ADDRESS

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

I UNDERSTAND THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____	Date _____	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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OFFICE OF  
THE MAYOR

Mary E. Adams

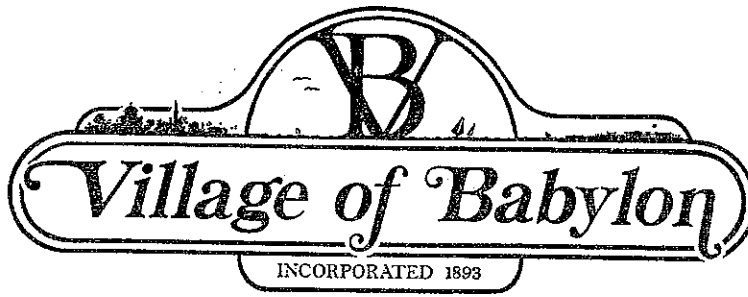
TRUSTEES

Frank J. Seibert

Dominic P. Bencivenga

Anthony M. Cardali

Sean Goodwin



158 West Main Street  
Babylon Village  
New York 11702  
(631) 669-1212

I, \_\_\_\_\_, UNDERSTAND THAT IF I AM HIRED FOR SUMMER  
(name of applicant)

EMPLOYMENT BY THE VILLAGE OF BABYLON, THERE WILL BE A MANDATORY SEXUAL HARASSMENT

TRAINING CLASS AS WELL AS A MANDATORY ORIENTATION MEETING ON A DATE TO BE DETERMINED

PRIOR TO THE FIRST DAY OF MY EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027**

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle Initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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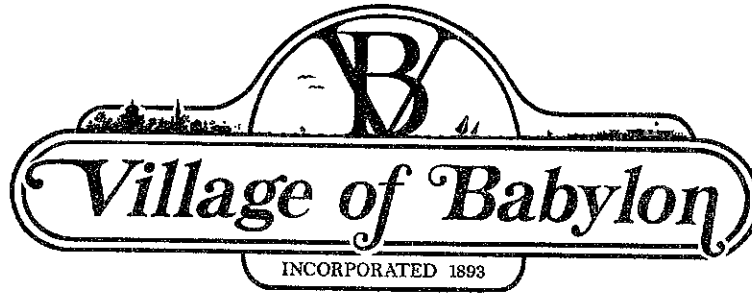
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I, \_\_\_\_\_, AS AN EMPLOYEE OF THE VILLAGE OF BABYLON WAS  
(employee's name)

OFFERED THE OPTION OF ENROLLING IN THE NEW YORK STATE AND LOCAL EMPLOYEE'S RETIREMENT  
SYSTEM PURSUANT TO SECTION 45 OF THE NEW YORK STATE RETIREMENT AND SOCIAL SECURITY LAW.

I UNDERSTAND THAT IT IS MY SOLE RESPONSIBILITY TO OBTAIN THE APPLICATION FROM THE  
TREASURER'S OFFICE, ACCURATELY COMPLETE IT – INCLUDING HAVING IT NOTARIZED, AND RETURNING  
IT TO THE TREASURER'S OFFICE.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Applicant Release Authorization**  
**(Required for all Applicants 18 and over)**

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Village of Babylon.

I understand that any employment is conditioned on a background check. I authorized the Village of Babylon to thoroughly investigate all statements contained in my application or resume, and I authorized my former employers and references to disclose information regarding my former employment, character and general reputation to the Village of Babylon, without giving me prior notice of such disclosure. In addition, I release the Village of Babylon, any former employers and all references listed in my application from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village unless made in writing.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Village of Babylon to hire. If hired, I agree to abide by all Village of Babylon work rules, policies and procedures. The Village of Babylon retains the right to revise its policies or procedures, in whole or in part, at any time.

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_