



## Orangetown Parks & Recreation Department

81 Hunt Road Orangeburg, New York 10962

(845) 359-6503 Fax (845) 359-6991

E-Mail: [Recreation@orangetown.com](mailto:Recreation@orangetown.com)

[www.orangetown.com/recreation](http://www.orangetown.com/recreation)

### Summer Camp Counselor Application Introduction Letter: (please read carefully)

**Applicants must be 16 years of age by June 29 to be eligible.** The attached paperwork must be filled out **completely**. Incomplete applications will not be accepted, nor will such candidates be scheduled for an interview.

An application checklist has been provided on the next page. The phone number and email address provided on the application **must be those of the applicant**, NOT a parent or guardian.

### All individuals under the age of 18 when applying must provide working papers with this application.

Working papers are obtained through your high school guidance dept. or main office.

The application must include two letters of recommendation from a teacher, coach, religious leader, volunteer group, former employers, etc. and must be on organizational letterhead and must include an address, phone number and e-mail. Members of your family are **not** appropriate references. *Handwritten letters or letters without the proper contact information will not be accepted.*

Lastly, including a resume with your application is recommended. The resume can include items such as academic awards and honors, GPA, clubs and extra-curricular activities, sports teams, community service and volunteer work, additional languages spoken, etc.

**The Town of Orangetown 2026 Summer Day Camp Program runs for 29 days from June 29 to August 7 (Closed July 3). Each applicant will be expected to work the entire 6 week season. Counselor positions are full day positions, and the workday is 8:30am to 4:30pm.**

### Three mandatory training dates for new camp employees will take place in June:

1. Mon 6/22 from 4:45pm-6:30pm
2. Tue. 6/23 from 5:00pm-7:00pm
3. Fri. 6/26 from 2:00pm – 4:00pm

**If you are unable to meet the above requirements, please do not submit an application. It is your responsibility to notify your parents of the training dates and camp schedule as vacation days are not offered for seasonal positions. Failure to attend all three of these mandatory meetings or a change in your availability to work the full summer camp season will be cause for termination of employment.**

**Applications will be accepted from February 5 until March 13.** If you are a college student and will be away at school during this time frame, it is your responsibility to return your completed application prior to the deadline and to notify us of your interview availability so we may schedule your interview during your next school break or via Zoom.

Thank you for your interest in our recreation program!

Sincerely,

*Andrew Gangemi*

Andrew Gangemi  
Senior Recreation Supervisor

# Orangetown Day Camp Counselor Application Checklist

## 2026 Applications Due No Later Than March 13

- Rockland County Personnel Application for Employment  
**(Leave box 1A & 1B "Title" blank)** The phone number and email address provided on the application must be those of the applicant, NOT a parent or guardian.
- Two (2) Letters of Recommendation
- Working Papers (If you are under age 18 at time of application.)  
Can be obtained at your local High School
- Employee Emergency Contact Form
- W-4 Form
- I-9 Form
  - Scan or Photo of ID(s) required to complete the I-9 form.  
(See "List of Acceptable Documents" page)
- Retirement System Acknowledgement Form
- Employee's Retirement System Membership Registration  
**(only if opting into the retirement system)**
- Submit completed application by March 13, 2026 to:**

Orangetown Parks & Recreation Department  
81 Hunt Road, Orangeburg, NY 10962.

Hours 9am-5pm, Monday-Friday  
Phone: 845-359-6503  
Fax: 845-359-6991  
Email: [recreation@orangetown.com](mailto:recreation@orangetown.com)

**\*\* Incomplete applications will not be accepted\*\***



It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination based on age, race/color, creed, religion, national origin, gender, sexual orientation, disability, marital/familial status, military status, criminal record and additional protections under federal, state and local law, policies and regulations.

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

for County Departments, Towns, Villages, School Districts, Libraries and Special Districts

I  
N  
S  
T  
R  
U  
C  
T  
I  
O  
N  
S

This application is part of the selection process for a civil service examination or a non-examination employment opportunity with a County department or local jurisdiction. If you fail to answer all questions completely and accurately, your application may not be approved. A separate application must be submitted for each examination or non-examination employment opportunity for which you are applying.

\*General information about applying for examinations, submitting an application for employment, as well as supplemental forms are available at <http://rocklandcountyny.gov/departments/personnel/> (designated by an asterisk \* throughout this application).

**EXAMINATION APPLICATION:**

1. Before completing this application, carefully read the exam announcement to ensure you understand the required minimum qualifications. You may apply online at <https://mycivilservice.rocklandcountyny.gov/exams/> or by completing this fillable application, which should be mailed along with the application filing fee to the Rockland County Department of Personnel, 50 Sanatorium Road, Building A, Pomona, NY 10970.

2. Application Filing Fee: The exam announcement lists the required Application Filing Fee, which must be submitted with each application and received by the LAST DATE AND TIME FOR FILING listed on the announcement. Fees may be paid by Paypal, credit card, check or money order (payable to the Rockland County Commissioner of Finance and must include the examination number and the last four digits of your social security number). Fees are not refundable. Cash is not accepted. See Application Fee Filing Information\*. For applicants who qualify, please review the Application for Fee Waiver\*.

**NOTICE:** You should receive your admission notice one week preceding the examination date via email. If you do not receive it by the Thursday preceding the examination date, it is your responsibility to contact the Rockland County Department of Personnel by email at [RCExams@co.rockland.ny.us](mailto:RCExams@co.rockland.ny.us) or by calling 845-364-3737.

**NON-EXAMINATION EMPLOYMENT OPPORTUNITY:**

Before completing this application, carefully read the job specification for the title to ensure you understand the required minimum qualifications; job specifications are available at <https://mycivilservice.rocklandcountyny.gov/default/jobs/>. You may apply by completing this fillable application, which should be returned to the Department or Agency with which you are applying.

Notify this office IMMEDIATELY of any change to your contact information by completing a Name/Address Change Form\*.

❖ 1A. EXAMINATION APPLICATION

- OR -

❖ 1B. NON-EXAMINATION EMPLOYMENT OPPORTUNITY

Title _____ Exam Number _____	Title _____ Department/Agency _____
----------------------------------	--

❖ 2. NAME AND LEGAL RESIDENCE

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Number and Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

❖ 3. State your actual permanent residence and indicate how long you have resided there continuously, up to and including the date of this application.

	Years	Mos
3A. State of _____		
3B. County of _____		
3C. Town of _____		
3D. Village of _____		
3E. School District _____		

All of the above must be completed.  
However, skip 3C, 3D, 3E, if legal residence is outside of Rockland County.

❖ 4. SOCIAL SECURITY NUMBER

- 
 

 -

If you are under 18 years old or applying for a law enforcement position, fill in your Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

YES, enroll me in email notifications from RC Dept. of Personnel regarding future examination announcements and/or job opportunities in Rockland County. I understand that if I am a provisional appointee, it is my responsibility to monitor exam announcements and apply for my position's examination when it is announced.

❖ 5. Check the appropriate box below if you require SPECIAL TESTING ARRANGEMENTS/REASONABLE ACCOMMODATIONS for testing.

- 5A.  Religious observance. Request for Religious Accommodation Form\* must be submitted.
- 5B.  Disability - (e.g., Braille booklet, Amanuensis, Reader). Request for Accommodation Form\* must be submitted.
- 5C.  Active Military member – provide current orders and/or DD214. Request for Alternate Examination Date Form\* must be submitted.
- 5D.  Filing for examinations with other civil service jurisdictions being held on the same date. Cross-File Form\* must be submitted.

❖ 6. Check the appropriate answer to each question

6A. Are you a United States Citizen?  
(US Citizenship is not a requirement for employment except for public officer positions.)

YES  NO  (If YES, skip to question 6C)

6B. If NO to 6A, do you have the legal right to accept employment in the US?

YES  NO

If YES, provide your ALIEN Registration Number \_\_\_\_\_

6C. Are you a retiree from New York State or any civil division thereof?

YES  NO

6D. Are you an Exempt Volunteer Firefighter as defined in NYS General Municipal Law Section 200?

YES  NO

6E. Are you a child or a sibling of a firefighter, police officer, emergency medical technician or paramedic killed in the line of duty?

(In accordance with Section 85-a of the NY State Civil Service Law)  
(Provide necessary documentation for verification)

YES  NO

V  
E  
T  
E  
R  
A  
N  
S  
  
C  
R  
E  
D  
I  
T  
S

If you are making a claim for veterans credits with this application, please read Information on Veterans Credits\*, which details eligibility requirements.

In general, you must present documentary proof (DD214 Discharge Papers and Separation Documents) to our department prior to the establishment of the eligible list and you must meet the following criteria:

1. A citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Served anywhere in the United States Armed Forces (see definition 3 below) as ordered by the federal government.
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the Armed Forces of the United States; or received an other-than-honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury, or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits.  
ARMED FORCES are defined as the Army, Navy, Air Force, Marines, Coast Guard, and all components thereof and the National Guard when in service for the United States pursuant to call as provided by law, "on a full-time duty basis other than active-duty training purposes".
4. Resident of New York State at the time of application and examination to claim veterans credit.

❖ 7. EXTRA CREDIT FOR VETERANS

(If you are not eligible or do not wish to claim veteran credits, skip to question 8.)

7A. Are you currently active in the military?  
(Proof of current service must be submitted)

YES  NO

What was your date of entry? \_\_\_\_\_

What is your expected date of separation? \_\_\_\_\_

7B. I expect to receive or have already received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States and I otherwise meet the criteria set forth above.

YES  NO

7C. I have used veteran credits for appointment to a position in New York State or Local government.

YES  NO

7D. I wish to claim additional credits as a NON-DISABLED veteran.  
(DD214 must be submitted with application)

YES  NO

I wish to claim additional credits as a DISABLED veteran.  
(DD214 and Disability Documentation must be submitted with application)

YES  NO

❖ 8. Check appropriate answer to each question

8A. Were you ever dismissed or discharged from any employment for any reasons other than lack of work or funds, disability or medical condition?

YES  NO

8B. Did you ever resign from any employment to avoid dismissal?

YES  NO

8C. Did you ever receive a discharge from the Armed Forces of the United States which was "other than honorable" or which was issued under "other than honorable" circumstances?

YES  NO

8D. Have you ever been convicted of any crime (felony or misdemeanor)?  
If YES, submit a Summary of Disposition/Certificate of Relief.

YES  NO

8E. Are you now under charges for any crime?

YES  NO

A "YES" response to questions 8A – 8E does not represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you answered "YES" to questions 8A – 8C, you may give specifics below. If you elect not to provide or if such explanation is insufficient, a Confidential Investigation Questionnaire will be forwarded to you under separate cover for your completion.

Check HERE  if you have provided this information previously with another application and there are no new occurrences or related information to report.

Date of last incident \_\_\_\_\_

EXPLANATION (Include details such as dates, locations, circumstances and disposition, if applicable): \_\_\_\_\_

**EDUCATION AND TRAINING**

For questions 9-10, make certain you answer all questions which pertain to requirements listed on the announcement for the examination for which you are applying, or set forth in the job specification for the position applied for. If in doubt, answer all questions.

❖ **9. EDUCATION: PLEASE INSTRUCT YOUR INSTITUTION TO EMAIL OR FORWARD SEALED OFFICIAL TRANSCRIPTS DIRECTLY TO OUR OFFICE.**  
(Unsealed student copies or unofficial copies submitted by mail or email will not be accepted.)

Do you have a High School Diploma? YES  NO  If "YES", year graduated \_\_\_\_\_ If "NO", give highest grade completed \_\_\_\_\_

Name/Location of High School attended \_\_\_\_\_

Or a High School Equivalency (GED) Diploma? YES  NO

If "YES", provide date received \_\_\_\_\_ and Issuing Governmental Authority Document Number \_\_\_\_\_

**COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOLS**

Name of School and Location	Attended Dates (Month/Year) from MM/YYYY to MM/YYYY	Did You Graduate? Y/N	Course of Study or Major Subject	Type of Degree Received	# of College Credits Received	Date Degree Received or Expected

**OTHER SCHOOLS OR SPECIAL COURSES**

If you have foreign educational credentials, they must be evaluated. See General Information Concerning Evaluation of Foreign Education and Training\*.

Official transcripts previously filed YES  NO  Name of the institution \_\_\_\_\_

❖ **10. LICENSES, CERTIFICATES, OR PERMITS** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement or job specification for the position for which you are applying, complete the following and attach a copy of the document. If not licensed, do you have a temporary permit? YES  NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From MM/DD/YYYY	To MM/DD/YYYY

Do you have a valid license to operate a motor vehicle in New York State? YES  NO  Class \_\_\_\_\_ Date License First Issued \_\_\_\_\_

Have you ever been employed by the County of Rockland or by any civil division therein? YES  NO

Agency Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_

❖ **11. DESCRIPTION OF EXPERIENCE. ALL SECTIONS MUST BE FILLED OUT COMPLETELY; A RESUME IS NOT A SUBSTITUTE FOR A BLANK FIELD**

Carefully read the minimum qualifications for the examination/employment opportunity for which you are applying. Fees will not be refunded if you do not meet established qualifications. List below all relevant work experience. Be specific in describing your experience relating to the minimum qualifications of the examination or non-examination employment opportunity for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. Volunteer Experience Form\* must be submitted to claim that experience. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. If more space is needed, attach additional information on an electronic document/additional copies of page 4.

Length of Employment	Company/Type of Business	Address	City and State
From: Mo. _____ Yr. _____	Provide a detailed description of your job duties.		
To: Mo. _____ Yr. _____			
Your Exact Title			
Supervisor's Name			
Supervisor's Title			
Supervisor's Contact Number			
Hours worked per week (excluding overtime)			



# Town of Orangetown

Town Hall • 26 West Orangeburg Road • Orangeburg, NY 10962  
Telephone: (845) 359-5100



## EMERGENCY CONTACT FORM

Employee Name: \_\_\_\_\_

Please Print

In the event of an emergency, I'm requesting that the following person be notified:

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

If the above person is not available, the following person should be notified:

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

# 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> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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.)		

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**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:** 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.

**Multiple Jobs or Spouse Works**

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$		
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

<b>Step 4:</b> Other Adjustments	(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 . . . . .	4(a) \$	
	(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b) \$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$	

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
-------------------------	---

<b>Step 5:</b> Sign Here	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)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Part 1 – Employee Instructions**

**Important:** If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

**Warning:** If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us **directly** before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us **directly** before enrollment to discuss working after retirement and possible restoration of membership.

**Membership Information:**

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

**Part 2 – Employer Instructions - Field Explanation and information:**

[1] Job Code– As the employer, you will need to reference our job code list at [https://web.osc.state.ny.us/retire/retirement\\_online/job-codes.php](https://web.osc.state.ny.us/retire/retirement_online/job-codes.php) to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at <https://www.osc.ny.gov/retirement/employers/membership-enrollment/contractors-or-consultants>

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<p><b>Hourly Employees</b>          12 month Employee: \$ _____ X _____ X 260 = \$ _____                                    Hourly      Standard      Days      Annual                                    Rate       Workday   Worked   Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____                                    Hourly      Standard      Days      Annual                                    Rate       Workday   Worked   Wage</p>	<p><b>Daily Employees</b>          12 month Employee: \$ _____ X 260 = \$ _____            Daily      Days      Annual            Rate      Worked   Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____            Daily      Days      Annual            Rate      Worked   Wage</p>
<p><b>Unit of Work Employees</b>          \$ _____ X _____ = _____            Unit Rate      # of Events**      Annual Wage</p> <p>**Estimated or Actual</p>	<p><b>Unit of Work Employee Example: Paid \$50 per Meeting</b>          \$ 50 X 12 Meetings = \$ 600            Unit Rate   # of Events***   Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>

**Note:** Any questions regarding annualized wage, please contact the Retirement System.

**\*Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

**Personal Privacy Protection Law**

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.



# 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> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"> <tr> <td>USCIS A-Number</td> <td>OR</td> <td>Form I-94 Admission Number</td> <td>OR</td> <td>Foreign Passport Number and Country of Issuance</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance					
							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 <u>Preparer and/or Translator Certification</u> 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)	<b>Additional Information</b>  <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)					
Document Title 3 (if any)					
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.

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.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/I-9-central">uscis.gov/I-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
--	----	---	---

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

# Town of Orangetown

Town Hall • 26 West Orangeburg Road • Orangeburg, NY 10962  
Telephone: (845) 359-5100



## Option to Join Retirement System

I, \_\_\_\_\_, as an employee of The Town of Orangetown was offered the option of enrolling in the New York State and Local Employees' Retirement System Pursuant to section 45 of the New York State Retirement and Social Security Law.

If you are currently enrolled in New York State Retirement System through another current or previous employer, enrollment is not optional. Please provide your New York State Retirement Number: \_\_\_\_\_

If you are retired from New York State Retirement System and currently receive a pension you are not eligible to enroll again within the same New York State Retirement System  
\_\_\_\_\_ I am retired and receiving a New York State Pension

PLEASE CHECK THE APPROPRIATE BOX:

I choose to join the retirement system at this time.

I choose not to join the retirement system at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Date

Received Date
---------------

**Employees' Retirement System  
 Membership Registration  
 RS 5420**  
 (Rev. 12/23)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)	

**NYSLRS ID**

--	--	--	--	--	--	--	--	--	--

**Social Security Number \***

--	--	--	--	--	--	--	--	--	--

**Registration Number**

--	--	--	--	--	--	--	--	--	--

**Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.**

<b>Employee's Last Name:</b>		<b>First Name:</b>			<b>Middle Initial:</b>
<b>Employee's Address:</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Former Name: (if applicable)</b>		<b>Date of Birth (mm/dd/yyyy)</b>		<b>Sex</b>	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

**Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.**

<b>Employer's Name:</b> Town of Orangetown				<b>Employer's Telephone:</b> 845-359-5100								
<b>Employer's Address:</b> 26 Orangeburg Rd, Orangeburg, NY 10962				<b>Employer's Fax Number:</b> 845-359-9046								
<b>Job Code [1]</b>		<b>Employee Classification</b>				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time				
		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time				
<b>Hire Date [3a]</b>			<b>Date of Full-Time Permanent Appointment [3b]</b>			<b>Location Code</b>		<b>Standard Workday [4]</b>		<b>For State Agency Use Only – Agency Code</b>		
Month	Day	Year	Month	Day	Year	3	0	0	2	6		
For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes												

**Frequency of Payment**

Weekly  Bi-Weekly  Semi - Monthly  Monthly  Quarterly  Semi- Annually  Annually  Other- Please Specify \_\_\_\_\_

**Projected Annualized Wage [5]**

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

**Important:** If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.  
 I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Employee's Telephone Number:</b>	<b>Employee's Email Address:</b>
-------------------------------------	----------------------------------