



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-266-9222
FAX: 845-266-3873
WWW.PVREC.COM

DATE _____

NAME _____ TELEPHONE # _____

JOB TITLE _____ PAY RATE _____

Please be sure to use the required checklist below as a guideline when completing this packet. All forms should be returned to the Town Clerk 845-635-3274 - 1554 Main Street, Pleasant Valley Monday – Thursday 9am – 4pm and Friday 9am – 1pm.

If you have any questions please feel free to contact the Recreation Office 845-266-9222.

**PLEASE BE SURE ALL REQUIRED SIGNATURES AND DATES
ON ALL PAGES ARE COMPLETED AND RETURNED.**

- ✓ Dutchess County Questionnaire/Application (6 pages)
- ✓ Form I-9 – Employment Eligibility Verification
- ✓ IT-2104 – NYS Withholding Allowance Certificate
- ✓ W-4 – Federal Withholding Allowance Certificate
- ✓ Employment Application Short Form
- ✓ Signed NYS Employee Retirement Waiver Letter (part time)
- ✓ Abuse and Molestation form signed
(Signature page is all that needs to be returned. Please keep a copy for your records)
- ✓ Town of PV Employee/Volunteer/Referee/ Background Check Form
- ✓ Staff Contact Information Form
- ✓ Camp Sunny Days Golden Rules (Please read and keep for reference)
- ✓ Please be sure to attach a copy of two forms of ID
(i.e., Driver's License and Social Security Card)

*Please be aware, upon acceptance of a staff position, there is a mandatory Staff Training Meeting which will be the 2nd week of June. It is typically one evening during the week from 6-9pm at West Road School. Every employee is required to attend this training. In addition to the requirements, we will need to be sure that everyone is able to meet the time commitment required for this summer season. Counselors must be willing to be at camp for the entire six week period which is June 27th - August 5th.

- **RETURNING CAMP COUNSELORS - APPLICATION DUE BY: APRIL 16, 2016**
- **NEW APPLICANTS - APPLICATION DUE BY: APRIL 22, 2016**

MAIL OR DELIVER TO:

TOWN CLERK:
MARGARET HART
1554 MAIN ST
PLEASANT VALLEY, N.Y.

County of Dutchess

APPLICATION FOR EXAMINATION OR EMPLOYMENT

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or marital status. Accordingly, nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.



DUTCHESS COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

GENERAL INFORMATION

This application is used for both recruitments and as part of the Civil Service examination process. Some important requirements:

- Carefully read the appropriate examination or recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position and provide you with other important information.
- Application must be completed in full and printed in ink or typed. Incomplete information or illegibility will result in your application being disapproved.
- An examination processing fee is currently being charged for each exam. It is not refundable. Please see the exam announcement for more information.

ADMISSION TO EXAMINATION

Depending upon time available, applicants may be admitted to the exam without verification of statements and information contained in their application. When such information must be reviewed after the date of examination, candidates may subsequently be disqualified and the results of the examination voided.

If you have not received notice informing you of whether or not you are to be admitted to the exam by three (3) days prior to the exam date, call the examinations unit immediately at 486-2169.

SPECIFIC INSTRUCTIONS

AFFIRMATIVE ACTION QUESTIONNAIRE - The information requested on the reverse of this page is for internal monitoring only. This information is kept separate from the general application. Refusal to complete the form will not in any way affect the hiring process or otherwise subject the candidate to adverse treatment.

ITEM 1 - Enter position title and examination number, if applicable. The same application may be used for both open competitive and promotional exams of the same title, but must have both exam numbers to be processed. Be sure to check the exam announcement to see if you qualify for the promotional exam.

ITEM 3 - Immediate written notice should be given of any change of address, name or phone number. Be sure to include the position title, social security number, and the effective date of the change. A form for such notification is available from the office.

ITEM 7 - Checking "yes" to any of the confidential questions is NOT an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

ITEM 8 - Individuals appointed to positions will be required to provide verification of authorization for employment, pursuant to law.

ITEM 13 - Veteran's Credit - In addition to answering the questions on this application, disabled and non-disabled veterans who are eligible for additional examination credit must submit an Application for Veterans Credit form. This form is available at the Personnel office or the examination site, and must be completed, notarized and returned before the establishment of the eligible list.

ITEM 14 - Exempt Volunteer Firefighters may be entitled to certain additional rights under Civil Service Law. Generally, an Exempt Volunteer Firefighter is anyone who, after attaining the age of 18, serves for at least 5 years as an active member of an authorized volunteer fire company. A certificate will be issued by the fire company to anyone who meets the standards established under General Municipal Law. Should you be appointed to a Civil Service position and subsequently obtain such certification, this office and your employer should be so notified.

ITEM 18 - Education - Be as specific as possible when completing this section. Copies of transcripts, diplomas or professional licenses must be submitted with this application if specified on the recruitment or exam announcement.

ITEM 19 - Work Experience - Be specific in describing work experience which relates to the position you are applying for. Indicate a percentage of time spent on each type of duty. Begin with your most recent employment, and be sure your description is clear and accurate. Omissions or vagueness will NOT be resolved in your favor. Dates of employment should be as specific as possible. Omission of the number of hours worked will result in no credit for that work experience.

Include *military service experience* when appropriate. Relevant *volunteer experience* will be considered only if allowed in the announced minimum qualifications and is verified and fully documented by the applicant. *Part-time work experience* will be prorated unless otherwise stated on the specific announcement. *Cooperative education positions or internships* will not be counted if they also formed part of required education or degree.

Solely to help us comply with government record keeping, reporting and other legal requirements. we request that you please complete this questionnaire. This form will be removed from the general application and kept in a confidential location.

**Your cooperation is voluntary
and is much appreciated!**

AFFIRMATIVE ACTION QUESTIONNAIRE

www.co.dutchess.ny.us

Complete for County Employment Only

Name _____ Male / Female (circle one)

Position(s) applied for _____ Date _____

How did you learn of this position? (check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> EEO Office | <input type="checkbox"/> NYS Job Service | <input type="checkbox"/> Org. for the Handicapped |
| <input type="checkbox"/> Examination Hotline | <input type="checkbox"/> Ethnic Organization | <input type="checkbox"/> Veteran's Organization |
| <input type="checkbox"/> Employee Newsletter | <input type="checkbox"/> Relative or Friend | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> County Employee | <input type="checkbox"/> Posted Announcement |
| <input type="checkbox"/> Women's Organization | <input type="checkbox"/> Professional Organization | <input type="checkbox"/> College Placement Office |
| <input type="checkbox"/> Internet Listing | <input type="checkbox"/> Other (specify): _____ | |

Please check the one which best describes your Race / Ethnicity.

If Hispanic ...

- A. Mexican
- B. Puerto Rican
- C. Cuban
- D. Any other Spanish /
Hispanic

If not Hispanic ...

- E. White
- F. African American
- G. Filipino
- H. American Indian (specify
tribe) _____
- I. Japanese
- J. Chinese
- K. Korean

- L. Guamanian / Chamorro
- M. Vietnamese
- N. Asian Indian
- O. Eskimo
- P. Aleut
- Q. Hawaiian
- R. Samoan
- X. Other (specify) _____

Check any of the following that are applicable.

- Vietnam Era Veteran (December 22, 1961 to May 7, 1975)
- Disabled Veteran
- Handicapped

It is the policy of *Dutchess County* to provide equal opportunity to all employees and applicants for employment without regard to race, color, sex, national origin, religion, age, sexual orientation, marital status, medical condition, physical and mental disability, creed, citizenship, HIV, handicap or veteran status, or any other protected status. In addition, Dutchess County has an Affirmative Action program which creates equal opportunity for all personnel to be chosen by merit and fitness, in accordance with Civil Service Law.

Dutchess County General Application (see page 1 for specific instructions)

1. Title of Position _____
 Exam Number(s) (if applicable) _____
 www.co.dutchess.ny.us

For Office Use Only

Approved _____
 Conditional _____
 Disapproved _____
 Fee Paid _____ Waiver _____

2. Social Security Number: _____ - _____ - _____

3. _____
 Last Name First Name Initial

 Address _____

 City State Zip

 Day Phone Evening Phone

4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town.

	Area	Yrs/Mos
School District	_____	_____
Village/Town/City	_____	_____
County of	_____	_____
State of	_____	_____

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes _____ No _____

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:
 Month _____ Day _____ Year _____

7. Check the appropriate line to the right of each question.

	Yes	No
A. Have you ever been dismissed from work for other than lack of work or funds?	_____	_____
B. Have you ever been convicted of any crime (felony or misdemeanor)?	_____	_____
C. If you served in the Armed Forces of the United States, did you receive a dishonorable discharge?	_____	_____
D. Have you surrendered a professional license or had it revoked?	_____	_____
E. If you answered "Yes" to any of the above, have you filed specifics with this office within the last 4 calendar years?	_____	_____
F. If you answered "Yes" to E above, do you have any new dismissals or convictions that were not reported to us?	_____	_____

If you answered "No" to question 7E or "Yes" to 7F, a Confidential Investigative Questionnaire must be submitted.

8. Are you currently a U.S. citizen?
 Yes _____ No _____

If "No", give alien registration number: _____

9. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes _____ No _____

If "No", omit questions 10 through 13. If "Yes", refer to Veterans Credits instruction sheet, available upon request.

10. Did you serve in the Armed Forces of the United States during any of the following periods? Yes _____ No _____

A. December 7, 1941 to December 31, 1946
 B. June 27, 1950 to January 31, 1955
 C. February 28, 1961 to May 7, 1975
 D. August 2, 1990 to "end of such hostilities"
 E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

11. Did you receive an expeditionary medal for any of the following conflicts? Yes _____ No _____

F. Lebanon - June 1, 1983 to December 1, 1987
 G. Grenada - October 23, 1983 to November 21, 1983
 H. Panama - December 20, 1989 to January 31, 1990

12. Are you classified as: (Check appropriate)

A non-disabled war veteran _____
 A disabled war veteran _____

13. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions?
 Yes _____ No _____

14. Do you possess certification as an Exempt Volunteer Firefighter?
 Yes _____ No _____

15. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates:
 Location: _____ Dates: _____

16. For examination purposes only:
 Indicate if you desire accommodation because you ...

_____ ... cannot be tested on the announced exam date due to a conflict with a religious observance or practice.
 _____ ... are a handicapped individual and require the following assistance or accommodations:

Dutchess County General Application

Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed *and* primarily responsible for the support of a household, *or* who are receiving public assistance.

Yes	No	
_____	_____	I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return.
_____	_____	I am currently receiving Supplemental Security Income (SSI) payments.
_____	_____	I am currently on Medicaid.
_____	_____	I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: _____ (must be entered)
_____	_____	I am currently certified for Job Training Partnership Act /Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature _____ Date _____

Supplemental Information Required by New York State Law

Section 50-b of Civil Service Law requires all applicants for examination be asked the following questions:

	Yes	No
Have you any currently outstanding loans made by or guaranteed by New York State Higher Education Services Corporation?	_____	_____
If so, are you presently in default on any such loan?	_____	_____

Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Personnel Department of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature _____ Date _____

Dutchess County General Application (Complete in full – attaching a resume is *not* sufficient)

Name _____ Position / Exam _____
 Address _____ Phone (day) _____
 _____ Phone (evening) _____

17. LICENSES

Title / Issuing Agency _____ License Number _____ Original Date of Issue _____ Expiration Date _____

Trade / Professional _____

Driver Do you have a valid license to operate a motor vehicle in New York? Yes _____ (Class _____) No _____

18. EDUCATION AND SKILLS

Name / Location	Dates Attended	F/T or P/T	# Yrs	Major / Type of Course	# of Crds	Degree Earned / Date Awarded
-----------------	----------------	------------	-------	------------------------	-----------	------------------------------

College, Trade or Technical School / Special Courses / Continuing Education	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

High School Name of School / Issuing Agency _____
 Address _____

Graduated? Yes _____ Indicate Equivalency Diploma Number if Applicable _____
 No _____ Indicate Last Grade Completed _____

Keyboarding Indicate typing / keyboarding experience and whether from work, training or both: _____

Computers Indicate program experience in the following types of software and whether from work or training:
 word processing _____
 spread sheet _____
 database management _____
 other _____

Languages Indicate languages other than English and general level of ability in speaking, reading and writing:

19. WORK EXPERIENCE

List most recent experience first. Attach additional sheets if necessary. **A resume is not sufficient.**
 _____ Check to indicate you do not wish your present employer to be contacted at this time.

Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address
--	-----------	---------

Hours per Week	Duties (indicate % of time for each) _____
Earnings	_____
Title	_____
Type of Business	_____
Supervisor	_____
Supervisor's Title	_____

Dutchess County General Application

19. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient. You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name:	Address:
Hours per Week:	Duties (indicate % of time for each)	
Earnings:	_____	
Title:	_____	
Type of Business:	_____	
Supervisor:	_____	
Supervisor's Title:	_____	
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name:	Address:
Hours per Week:	Duties (indicate % of time for each)	
Earnings:	_____	
Title:	_____	
Type of Business:	_____	
Supervisor:	_____	
Supervisor's Title:	_____	
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name:	Address:
Hours per Week:	Duties (indicate % of time for each)	
Earnings:	_____	
Title:	_____	
Type of Business:	_____	
Supervisor:	_____	
Supervisor's Title:	_____	
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name:	Address:
Hours per Week:	Duties (indicate % of time for each)	
Earnings:	_____	
Title:	_____	
Type of Business:	_____	
Supervisor:	_____	
Supervisor's Title:	_____	
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name:	Address:
Hours per Week:	Duties (indicate % of time for each)	
Earnings:	_____	
Title:	_____	
Type of Business:	_____	
Supervisor:	_____	
Supervisor's Title:	_____	



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State ▼	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number []-[]-[]-[]-[]-[]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

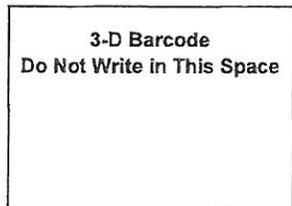
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State ▼	Zip Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	AND	
1. U.S. Passport or U.S. Passport Card	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, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
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	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial	Last name	Your social security number						
Permanent home address (number and street or rural route)		Apartment number						
City, village, or post office		State						
		ZIP code						
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.						
Complete the worksheet on page 3 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 28) <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
2								
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer. 3 New York State amount <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
--	--------------------------------

Instructions

Changes effective for 2016

Form IT-2104 has been revised for tax year 2016. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2016 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$106,950 or more during the tax year.
- The total income of you and your spouse has increased to \$106,950 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, enter 0 and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 13) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$214,000	Less than \$267,500	Less than \$321,050	66
Between \$214,000 and \$1,070,350	Between \$267,500 and \$1,605,650	Between \$321,050 and \$2,140,900	68
Over \$1,070,350	Over \$1,605,650	Over \$2,140,900	88

Example: You are married and expect your New York adjusted gross income to be less than \$321,050. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$106,950, you should each mark an X in the box *Married*, but withhold at higher single rate on the certificate front, and divide the

total number of allowances that you compute on line 17 and line 28 (if applicable) between you and your working spouse.

- \$106,950 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$106,950, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$106,950 and \$2,248,076, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$106,950 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

(continued)

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: { } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

H Add lines A through G and enter total here. **(Note: This may be different from the number of exemptions you claim on your tax return.)** ▶ **H** _____

For accuracy, **complete all worksheets that apply.** { }

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-266-9222
FAX: 845-266-3873
WWW.PVREC.COM

EMPLOYMENT APPLICATION SHORT FORM

NAME: _____

PHONE# _____ CELL PHONE # _____

PERMANENT ADDRESS: _____
(Street) (Town) (State) (Zip)

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes _____ No _____

If you answered "Yes" please provide a copy of your Working Papers.

E-mail Address _____

Position you are applying for: **Camp Sunny Days Counselor**

Staff T-Shirt Size _____

Returning Employees STOP HERE! Sign and Date the bottom of the application.

EDUCATION:

1. Name of High School _____
2. Date of High School Graduation _____
3. College Attending _____
4. Date of College Graduation _____
5. What is your Major/Course of Study _____
6. Certification: First Aid _____ C.P.R. _____ Other _____
Course Completion Date _____ Certification # _____

EXPERIENCE: List any past positions, jobs and/or experiences that you feel were of value in helping you for the position you are applying for.

1. _____
2. _____
3. _____
4. _____

REFERENCES: Please include phone number and relationship (i.e. employer, coach)

1. _____
2. _____
3. _____

Signature of Applicant

Date

TOWN OF PLEASANT VALLEY
DUTCHESS COUNTY
STATE NEW YORK

NOTIFICATION OPTIONAL MEMEBERSHIP IN NYS RETIREMENT SYSTEM

With this notice you are hereby given notice that you have the right to enroll in the New York State Retirement System through your employment with the Town of Pleasant Valley. Your enrollment is optional and if you wish to obtain more information or an application form please contact the Bookkeepers office. Please sign and date the bottom portion of this form, indicating that you have received this notice. Return your acknowledgement to the Bookkeepers office at the Town of Pleasant Valley.

I hereby acknowledge having been given notice of my right to enroll in the New York State Retirement System through the Town of Pleasant Valley

I wish to _____ Enroll or I wish not to Enroll _____ (Check one)*

Date: _____

Signed _____

Print Name

TOWN OF PLEASANT VALLEY ABUSE AND MOLESTATION PREVENTION POLICY AND PROCEDURES

Purpose and Intent

The Town of Pleasant Valley (the "Town") does not permit or condone actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (each a "Prohibited Conduct") to occur in the workplace or at any activity sponsored by or related to any individual's employment with the Town. The Town has a **Zero Tolerance Policy** regarding any acts of Prohibited Conduct.

All employees, whether elected or appointed, including volunteers and staff are subject to this policy and upon the adoption of this policy or prior to commencement of employment or other service to the Town, must review this policy and sign where indicated below, acknowledging review, understanding and receipt of this policy.

Definitions

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who, in some circumstances, may be functioning as a caregiver or may be responsible for the individual's care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior prohibited by the Town of Pleasant Valley and which is regulated by a separate procedure and policy adopted by the Town.

Prohibited Conduct refers to a wide spectrum of interactions including, but not limited to: Physical Assault

Sexual Battery

Rape

Unwanted physical sexual contact

Unwelcomed sexually explicit or offensive verbal, electronic or other communication

Coercive sexual contact

Verbal sexual harassment

Voyeurism

Exposure of sexual organs to a minor or non-consenting individual

Sexualized attention or contact with a minor

Town Designee - Town Supervisor or Deputy Town Supervisor, at the employee's option.

Reporting Procedure

Any individual employed by or volunteering for the Town who reasonably suspects or learns of any form of Prohibited Conduct being committed must **immediately** report it to the Town Designee. For all programs run through and by the Town Recreation Department, the Recreation Director is designated as an additional individual to whom an employee or volunteer may report such suspicion or knowledge and, thereafter the Recreation Director shall immediately report such allegations to the Town Designee. If the alleged victim is an adult, the abuse will be reported by the Town Designee to the local or state Adult Protective Services Agency. If the alleged victim is a minor, the Town will report it to the local or state Child Protective Services Agency. Appropriate family members of the alleged victim must be notified immediately of suspected child abuse.

The Town shall keep written records of all allegations of Prohibited Conduct, any investigations and results thereof, together with any disciplinary actions taken. All such records shall be maintained in a separate personnel file. The Town shall use reasonable efforts to keep all information contained therein confidential, in accordance with applicable law.

Investigation and follow up

The Town takes all allegations of sexual abuse seriously. Once an allegation is reported to the Town Designees, the Town will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Investigation may be undertaken either internally by the Town or, the Town may, in its sole discretion, hire an independent third party to conduct such investigation. In addition, the Town will cooperate with any investigation conducted by any law enforcement or regulatory agency and the Town may refer the allegation and the result of the Town's investigation to such agencies.

From the time any allegations are reported and while an investigation into same is ongoing, the Town reserves the right to place the alleged violator on an involuntary leave of absence or reassign said individual to responsibilities that do not involve personal contact with children, seniors or any other vulnerable population. To the fullest extent possible, but consistent the Town's legal obligation to report suspected abuse to the appropriate authorities, the Town will endeavor to keep the identities of any alleged victim(s) and any alleged violator(s) confidential.

If the investigation substantiates the allegation(s), the Town may take disciplinary action, including but not limited to termination of the violator's employment or other relationship with the Town, subject to the limits of any applicable law.

Signs To Look For

There are a number of "red flags" that suggest someone is being sexually abused. These red flags may take the form of physical and/or behavioral signs.

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed;
- Nightmares or fear of night and/or darkness.

Retaliation Prohibited

The Town prohibits any retaliation against anyone, including an employee, volunteer, board member, program participant or other individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited. Anyone who retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination, subject to the limits of any applicable law.

Training

The Town may arrange for training pursuant to this policy and thereafter, all Town employees and volunteers shall be required to undergo training pursuant to this policy, at a date and time to be designated by the Town.

ACKNOWLEDGMENT OF RECEIPT OF THIS POLICY:

I, _____ hereby acknowledge that I have received and read the attached "Town of Pleasant Valley Abuse and Molestation Prevention Policy and Procedures" (the "Abuse Prevention Policy"). I understand the terms of this Abuse Prevention Policy and agree to be bound by it and I understand the consequences for my failure to comply with it.

Name of Employee/Volunteer: _____ (PRINT)

Signature of Employee/Volunteer

Date

Town of Pleasant Valley Youth Recreation Programs

Official Employee/Volunteer/Referee Application - Background Check (Complete BOTH Sides)

Please print clearly.

TODAY'S DATE: _____ ***PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.**

Name: _____ Special professional training, skills, hobbies: _____

Prior Names/Maiden or Aliases: _____

Address: _____ Community affiliations (Clubs, Service Organizations, etc.): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Previous states resided in the past 5 years: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Cell Phone: _____ Telephone: _____ Do you have children in the program? YES _____ NO _____

Email: _____ If yes, at what level? _____

Date of Birth: _____ Special Certification (i.e. CPR, Medical, etc.): _____

(mm / dd / yyyy)

Social Security Number: _____ (at least last 4 digits) YES _____ NO _____

Occupation: _____ Have you ever been convicted of a felony? YES _____ NO _____

Employer: _____ If yes, provide your current legal status (parole, etc.) _____

Address: _____ Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____

Driver's License#: _____ State: _____ Have you ever plead guilty to or been convicted of any other type of crime? YES _____ NO _____

_____ If yes, explain: _____

_____ Have you ever been refused participation in any other youth programs? YES _____ NO _____

_____ If yes, explain: _____

In which of the following would you like to participate? ("X" one or more.)

Coordinator: _____ Head Coach: _____ Assist. Coach: _____

Other, describe: _____

Privacy Policy: Please be advised that Town of Pleasant Valley Youth Recreation Programs does not sell or release contact information to any non-government organization.

Town of Pleasant Valley Youth Recreation Programs

Official Employee/Volunteer/Referee Application - Background Check

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name</u>	<u>Nature of Relationship</u>	<u>Email Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. As a condition of volunteering, I give permission for the Town of Pleasant Valley to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Town of Pleasant Valley receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Town of Pleasant Valley, its employees and volunteers thereof, or any other person of the Town that may provide such information. I also understand that, regardless of previous appointments, the Town of Pleasant Valley Youth Recreation Programs is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension and removal by the Town of Pleasant Valley Youth Recreation Programs Directors or the Senior Recreation Leader and / or Town Board.

I UNDERSTAND THAT BY CHECKING THIS BOX, I AM GIVING THE TOWN OF PLEASANT VALLEY PERMISSION TO CONDUCT A YEARLY BACKGROUND CHECK FOR EACH YEAR THAT I CONTINUE TO VOLUNTEER IN ANY AND ALL PROGRAMS. BY DOING SO, I FURTHER UNDERSTAND THAT IT RELEASES ME FROM HAVING TO FILL THIS FORM OUT EACH YEAR.

Applicant Signature _____ Date _____

Applicant Name (Print or Type): _____

NOTE: The Town of Pleasant Valley Youth Recreation Programs will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Town of Pleasant Valley Youth Recreation Programs / Official Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by Town Program Official: _____
 or
 completed by: _____ Date Completed: _____

Online multistate database: _____ State/Local Criminal History Records: _____ State Sex Offender Registry: _____ Other: *(please explain)* _____
 (Rapsheets, Intellicorp., etc.)



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-266-9222
FAX: 845-266-3873
WWW.PVREC.COM

STAFF CONTACT INFORMATION

Name: _____ Age: _____

Home #: _____ Cell #: _____

Email Address: _____

EMERGENCY CONTACT:

Please provide us with CURRENT telephone numbers for someone other than yourself as a backup if we are not able to reach you, should an emergency arise.

Name _____

Phone # _____

Phone # _____

Preferred Hospital: _____

Doctor: _____

Doctor's # _____

Medications Currently Taking

Allergies



TOWN OF PLEASANT VALLEY

DEPARTMENT OF RECREATION

Sandy Coe, Recreation Director

1554 MAIN STREET

PLEASANT VALLEY, NY 12569

PHONE / FAX: 845-635-5242

CAMP SUNNY DAYS GOLDEN RULES

1. Our campers are THE most important people in our camp.
2. Our campers are not dependent on our camp; they ARE the purpose of it.
3. Campers are NOT interruptions of our work; they ARE the purpose of it.
4. Our campers do us a favor when they ask for help, we are NOT doing them a favor by serving them.
5. Our campers are part of the camp; they are not "outsiders".
6. Our campers are not cold statistics, they are flesh and blood human beings with feelings and emotions like our own.
7. Our campers are not people with whom to argue or match wits.
8. Our campers are people who bring us their wants; it is our job to fill those wants.
9. Our campers are deserving of the most courteous and attentive treatment we can give them, nothing less is acceptable.
10. Campers are the lifeblood of this camp; THEY ARE the reason we have a job.

"Those who bring sunshine into the lives of others, cannot keep it from themselves."

~James Barrie