

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING: This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully** in black or blue ink. Attach additional sheets/documents if needed to **give complete information**. A separate application must be filed for each examination.



CITY OF WHITE PLAINS, PERSONNEL DEPARTMENT – ROOM 301, 255 MAIN STREET, WHITE PLAINS, NY 10601

Applicants for Laborer, Driver, Maintenance, Sanitation, Highway, etc. are not required to take a written examination or pay the \$25 fee to submit an application. A \$25 fee will be required if selected for hire to such labor or non-competitive positions.

☐ WP Resident
☐ Crossfiler
☐ Spec. Accom.
☐ Military
☐ Perf Test Waiver

It is the policy of the City of White Plains to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, medical condition or disability, marital status, military or veteran status, gender identity, sexual orientation, criminal convictions or any other classification protected by Federal, State or Local Law.

1. EXAM TITLE	EXAM NUMBER

			-			-				
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MLI

☐ No ☐ Yes, indicate here:

Zip

Zip

Cell Phone ()

☐ gmail.com
☐ yahoo.com
☐

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I authorize the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. This authorization gives my consent for full and complete disclosure of records. I further release the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. I understand that any omission, misrepresentation and/or falsification of information in this application may constitute grounds for my disqualification and/or dismissal. I understand that all statements made in this application(s) for employment are subject to investigation and verification, and may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check and drug test, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification and/or dismissal.

DATE: _____

Signature _____

☐ DISAPPROVED _____



Department of Taxation and Finance

Certificate of Exemption from Withholding

New York State • New York City • Yonkers

IT-2104-E

This certificate will expire on April 30, 2023.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; and
- you did not have a New York income tax liability for 2021; and
- you do not expect to have a New York income tax liability for 2022 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See *Military spouses*.

If you do not meet all of the conditions in either Group A or Group B above, stop; you cannot claim exemption from withholding (see Note below).

First name and middle initial	Last name	Social Security number	Filing status: Mark an X in only one box
Mailing address (number and street or PO Box)	Apartment number	Date of birth (mmddyyyy)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	C Qualifying widow(er) or head of household with qualifying person..... <input type="checkbox"/>

Are you a full-time student?..... Yes ☐ No ☐Are you a military spouse exempt under the SCRA? Yes ☐ No ☐

I certify that the information on this form is correct and that, for the year 2022, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer)

Date

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address

Employer identification number

Mark an X in the box if a newly hired employee or a rehired employee ☐

First date employee performed services for pay (mmddyyyy) (see instructions):

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

If Yes, enter the date the employee qualifies (mmddyyyy):

Instructions**Employee**

Who qualifies – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; and
- you did not have a New York income tax liability for 2021; and
- you do not expect to have a New York income tax liability for 2022 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

• you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer

must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 & 3 Do Not Write in This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions)

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

A. New Hire (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ **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.****2022****Step 1:
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 www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

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

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

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

**Step 5:
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**

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

WORKING HISTORY OF EXPERIENCE

CAREFULLY READ THE MINIMUM QUALIFICATIONS SECTION ON THE ANNOUNCEMENT. Beginning with your most recent position, describe in detail ALL employment. You are responsible for submitting an adequate, clear and accurate description of all experience (nature of duties personally performed), showing the dates and estimated time spent at each task during those dates. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or exam announcement. Omission or vagueness will not be interpreted in your favor. List as separate employment any changes of titles and duties which occurred during the course of your service. Supervisory experience is shown by indicating the nature and scope of supervision, length of time, and numbers of personnel supervised. If more space is needed, attach additional 8 1/2 by 11 sheets. Applicable experience worked at less than full time will be pro-rated.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /		FIRM		ADDRESS		CITY AND STATE	
<input type="checkbox"/> PAID HRS. PER WEEK: <input type="checkbox"/> UNPAID		DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS:							
YOUR EXACT TITLE:							
SUPERVISOR'S NAME:							
SUPERVISOR'S TITLE:							
REASON FOR LEAVING:							
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /		FIRM		ADDRESS		CITY AND STATE	
<input type="checkbox"/> PAID HRS. PER WEEK: <input type="checkbox"/> UNPAID		DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS:							
YOUR EXACT TITLE:							
SUPERVISOR'S NAME:							
SUPERVISOR'S TITLE:							
REASON FOR LEAVING:							
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /		FIRM		ADDRESS		CITY AND STATE	
<input type="checkbox"/> PAID HRS. PER WEEK: <input type="checkbox"/> UNPAID		DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS:							
YOUR EXACT TITLE:							
SUPERVISOR'S NAME:							
SUPERVISOR'S TITLE:							
REASON FOR LEAVING:							
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /		FIRM		ADDRESS		CITY AND STATE	
<input type="checkbox"/> PAID HRS. PER WEEK: <input type="checkbox"/> UNPAID		DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS:							
YOUR EXACT TITLE:							
SUPERVISOR'S NAME:							
SUPERVISOR'S TITLE:							
REASON FOR LEAVING:							
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /		FIRM		ADDRESS		CITY AND STATE	
<input type="checkbox"/> PAID HRS. PER WEEK: <input type="checkbox"/> UNPAID		DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS:							
YOUR EXACT TITLE:							
SUPERVISOR'S NAME:							
SUPERVISOR'S TITLE:							
REASON FOR LEAVING:							

NOTE: Have you answered all relevant questions? Are you satisfied with the information you have provided?

**NOTE: Have you answered all relevant questions? An incomplete application may be disapproved.
FEE IS NON-REFUNDABLE**

☐ YES ARE YOU 18 YEARS OF AGE OR OLDER?
☐ NO

☐ YES ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
☐ NO

HS DIPLOMA: School Name: _____ Location: _____ *Country: _____
☐ YES
☐ NO
GED or TASC: Issued By: _____ Diploma Number: _____
☐ YES
☐ NO

Education: HS or HS equivalency diploma must be issued by an accredited education department of any State of the US or any territory, commonwealth, or possession of the US or by the Canal Zone or from the US Armed Forces certifying successful completion of the tests related to general education development, HS level. An official transcript will be required as verification of required college level training within 45 days after the date of the examination. Failure to provide required official transcripts will result in disqualification. If you claim credit for a partially completed college curriculum to meet the minimum exam qualifications, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If the examination asks for specific course work, list the courses which you have passed on an attached sheet.

TRANSCRIPTS: Previously filed _____ On request from school _____ Copy attached _____ (must follow up with official copy)

COLLEGE/UNIVERSITY

Name of School and City in which located*	Type of Course or Major	Number of College Credits Received	Were You Graduated? Yes or No	Type of Degree Received

PROFESSIONAL SCHOOLS

MILITARY SERVICE SCHOOLS

OTHER SCHOOLS

Applicants with a foreign High School diploma or college degree and/or course work completed at foreign universities must submit a course by course evaluation of their educational credentials within 45 days after the date of the examination (or at the time of appointment for non-competitive positions). You must pay the required evaluation fee. Evaluations will be accepted from services such as:

World Education Services, Inc.

Learning Green Station

P.O. Box 5087

New York, NY 10274-5087

Web: www.wes.org Phone: (212) 966-6311

Globe Language Services, Inc.

305 Broadway Ste. 401

New York, NY 10007

Web: www.globelanguage.com

Phone: (212) 227-1994

International Education Research Foundation, Inc.

6133 Bristol Pkwy

Culver City, CA 90230

Web: www.ierf.org

Email: info@ierf.org Phone: (310) 258-9451

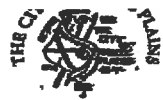
LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following and attach copy:

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing agency) City or State	Date License Issued	Registered From (Mo/Yr) To (Mo/Yr)

DRIVER'S LICENSE: If a position requires a specified license to operate a motor vehicle list below. The applicant must provide the appointing authority a copy as proof of a current, valid license (subject to verification) prior to appointment.

**OPERATOR
COMMERCIAL (CDL)**

Number _____ Date of expiration _____ State _____



Please complete the form and place in a sealed envelope and return with your hiring documents

DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

Requirement to Disclose: All candidates must complete Sections 1, 2 and 5. If you answer "YES" to any question in Section 2 you must complete Section 3 or Section 4* as applicable.

SECTION 1

Last Name	First Name	Middle	Position Applying for	
Address		City	State	Zip
		Telephone		
Date of Birth	Social Security Number		Former Names/aliases/a.k.a	

LIST ALL OTHER RESIDENCES OVER THE PAST 5 YEARS: (attach additional 8 ½ by 11 sheet if needed)

- 1) _____ 2) _____
☐ **Driver's License:** (attach a copy)

SECTION 2: Use of Information Disclosed

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated individually on its merits. The City will take the following factors into consideration, among other things: the truthfulness of the candidate, the seriousness of the offense, the specific duties of the position, the bearing the offense will have on the ability of the person to perform such duties, the protection of property and the safety and welfare of individuals or the general public, the age of the offender, the time which has elapsed since the offense, any evidence of rehabilitation and good conduct, and any other pertinent factors. False, misleading or incomplete statements on the application or accompanying papers may result in termination. Pending criminal charges, in most cases, will result in a withdrawal of a conditional offer of employment until the charge reaches final disposition.

- | | | |
|--|------------------------------|-----------------------------|
| 1) Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Did you ever resign from any employment rather than face dismissal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Have you ever been convicted of a misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Have you ever forfeited a bail bond posted to answer any criminal charge (felony or misdemeanor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Are you now under charges for a misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Are you now under charges for a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the questions above, you must give specifics on this form and/or attach an additional 8 ½ by 11 sheet.

SECTION 3: Removal from Employment Explanation

Name of Employer: _____
Address: _____
Job Title: _____
Dates of employment: _____
Reason(s) for removal from employment: _____
Further explanation: (attach additional pages if necessary) _____

*This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.

DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

SECTION 4: Conviction and/or Pending Charges Explanation

Name of Crime: _____ Type: ☐ Misdemeanor ☐ Felony
Date of Crime: _____ Name and Location of the Court: _____
Adjudication: ☐ Guilty ☐ Not Guilty ☐ Dismissed
Year Convicted (if not pending): _____ Age at Time of Offense: _____
Name Offense Committed Under (if different than current): _____
Explain the circumstances of the offense: (attach additional pages if necessary) _____

List all evidence that exists regarding your rehabilitation: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not be a hindrance to the City's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: (attach additional pages if necessary) _____

SECTION 5: Certification and Authorization to Access Additional Information

By my signature below,

I, _____, certify that information I provided on this form and
Print Name
any attachments is true, correct and complete.

I understand that providing false or incomplete information or withholding by omission or intention pertinent information may be cause for disqualification of my application for employment. I understand that the City of White Plains may contact other individuals to clarify and verify information supplied on this form.

I acknowledge and consent to a State and national criminal background investigation, which will include a fingerprint check to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

I authorize law enforcement agencies, learning institutions (including public and private schools and universities), courts (federal, state and local), motor vehicle records agencies, my past and present employers, the military and other individuals and sources to furnish any and all information on me that is requested by the City of White Plains.

I agree that this Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the City of White Plains.

I acknowledge that I have read, understood and agreed freely to the requirements, consents, authorizations and their respective consequences described on this form.

Signature: _____ Date: _____

For exam date: _____, list all other exam #'s, titles and agencies for which you have also applied including those with the City of White Plains:

Exam #	Exam Title	Government Agency

Government agency where you would prefer to take the above examinations: _____. You must notify each of the above

SPECIAL TESTING ARRANGEMENTS/ALTERNATE TEST DATE GUIDELINES

Most written exams are held on Saturdays. If you require special arrangements/or an alternate test date, check the appropriate box below and attach to this application a written request describing the type of special arrangements or reason for the alternate test date. **DOCUMENTATION IS REQUIRED**

- ☐ Military Duty
- ☐ Religious Observance
- ☐ Person with Disability
- ☐ Wedding or other ceremony – participant, or immediate family member of a participant only.
- ☐ Vacation for which a non-refundable down payment was made before the exam announcement was issued.
- ☐ Required court appearances
- ☐ Death in the immediate family or household within the week preceding the examination
- ☐ Hospital stay or medical emergencies involving the candidate or immediate family if documented by attending physician.
- ☐ Professional or education examination, held on the same day of exam.
- ☐ Emergency weather condition verified by White Plains Public Safety that results in road closures which prevents a candidate from reaching the test center.

SERVICE IN ARMED FORCES

ATTACH A COPY OF DD214 OR PROOF OF ACTIVE DUTY STATUS SUCH AS MILITARY ID, ORDERS OR OTHER OFFICIAL MILITARY DOCUMENT

- SECTION 1 -**
- 1) Have you ever served in the armed forces of the U.S.? _____ Yes _____ No
 - 2) I wish to claim War Time Veterans Credits on this exam? _____ Yes (If Yes, complete Section 2 below) _____ No

SECTION 2 - War Time Veterans and Veterans with disability are eligible for extra credits added to their exam score if they pass. For non-disabled, these extra credits can be used only once for any permanent government employment in New York State. If you want to have the extra credits added to your exam score, you should answer the questions below.

Have you ever used veteran's credit for appointment to a position in NY State or Local Government employment since January 1, 1951 _____ Yes _____ No

Date of entry into active service: _____ Date of discharge: _____

☐ I received, or expect to receive, an HONORABLE or release under HONORABLE circumstances from the Armed Forces of the United States. (The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty other than active duty for training purposes.)

☐ I served, or am serving on an active duty basis (other than for training purposes) during one or more of the following time of war or hostile action.

CHECK BELOW THE TIME PERIOD(S) YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.

WORLD WAR II: DECEMBER 7, 1941 - DECEMBER 31, 1946

US PUBLIC HEALTH SERVICE: JULY 29, 1945 - SEPTEMBER 2, 1945

KOREAN CONFLICT: JUNE 27, 1950 - JANUARY 31, 1955

US PUBLIC HEALTH SERVICE: JUNE 26, 1950 - JULY 3, 1952

VIETNAM CONFLICT: FEBRUARY 28, 1961 - MAY 7, 1975

*NOTE: For these service dates veterans must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

- ☐ *HOSTILITIES IN LEBANON: JUNE 1, 1983 - DECEMBER 1, 1987
- ☐ *HOSTILITIES IN GRENADA: OCTOBER 23, 1983 - NOVEMBER 21, 1983
- ☐ *HOSTILITIES IN PANAMA: DECEMBER 20, 1989 - JANUARY 31, 1990
- ☐ PERSIAN GULF CONFLICT: AUGUST 2, 1990 - ()
- ☐ OTHER DETERMINATIONS: LIST _____

Have you ever received a discharge from US armed forces which was other than honorable? _____ Yes _____ No
(A dishonorable charge is not an automatic bar to employment. Each case is considered on its individual merits. Give full particulars on an additional sheet.)

SECTION 3 - VETERAN WITH DISABILITY: TO CLAIM ADDITIONAL CREDITS CHECK THE BOX BELOW

You must provide certification by the U.S. Dept. of Veterans Affairs stating that you are a veteran who was disabled in the actual performance of duty in any war; that the disability is rated at 10 percent or more; and that the disability exists at the time of application for appointment or promotion.

INSTRUCTIONS AND INFORMATION

There is a NON-REFUNDABLE \$25.00 APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY. (YALB TO THE CITY OF WHITE PLAINS) MUST ACCOMPANY THIS APPLICATION. RECORD ALL EXAM NUMBERS ON THE CHECK OR MONEY ORDER. FOR YOUR CONVENIENCE, WE ALSO ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. APPLICATIONS RECEIVED FOR AN EXAM WITHOUT THE FILING FEE WILL BE RETURNED TO YOU, AND IT WILL BE YOUR RESPONSIBILITY TO RETURN IT WITH THE FEE BY THE FILING DEADLINE. SEE EXAM ANNOUNCEMENT FOR FEE WAIVER ELIGIBILITY AND REQUEST FORM.

EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be obtained at the City of White Plains Personnel Office.

QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited toward meeting qualifications. Applications will be rejected for lateness if not hand delivered or postmarked by the last filing date.

ADMISSION TO EXAMINATION

Admission notices are mailed to the address listed on this application. If you do not receive a notice four days prior to the exam date, call 422-1257. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

RESIDENCY/LEGAL ADDRESS CHANGES

You must report change in address (include number and title of each examination) to insure proper notification of test results and subsequent civil service list information if any. Any residency requirements or preferences must be established at least 30 days prior to the examination date and to the date of appointment as per the examination announcement.



**CODE OF ETHICS, PERSONNEL POLICIES AND THE
HEALTHCARE EXCHANGE NOTICE RECEIPT
AND EEOC REPORTING**

This form is intended to notify newly hired employees of certain terms of employment as required by law and to collect information related to the mandatory reporting by the United States Equal Employment Opportunity Commission (EEOC).

255 MAIN STREET
WHITE PLAINS, NY 10601

This form should be submitted to the Personnel Department after an acceptance of an offer of employment. The information contained on this form is not part of the employment application and is not used in selection for employment.

You will receive your pay by direct deposit to the account(s) and institution(s) of your choice, unless you specifically request payment by paper check. Direct deposits are typically processed faster than paper checks and eliminate the need for a trip to the bank.

EMPLOYEE NAME: _____ DEPT: _____
(PRINT)

☐ **CODE OF ETHICS:** I have received a copy of the White Plains Code of Ethics on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

☐ **PERSONNEL POLICIES:** I have received a copy of the White Plains Personnel Policies on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

☐ **HEALTHCARE EXCHANGE NOTICE:** I have received a copy of the Healthcare Exchange Notice on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

WE REQUIRE THE FOLLOWING INFORMATION IN ACCORDANCE WITH EEOC REPORTING:
The information supplied will in no way affect your employment candidacy.

ENDER: ☐ Male ☐ Female

RACE/ETHNICITY: Please check one only:

W - White / Caucasian (Non-Hispanic origin)

B - Black / African American (Non-Hispanic origin)

H - Hispanic/Latino

X - Two or more races (Non Hispanic)

☐ A - Asian

☐ I - American Indian or Alaskan Native

☐ N - Native Hawaiian or Pacific Islander

SPECIAL STATUS: ☐ Veteran ☐ Exempt Volunteer Firefighter

Original to Personnel with PPAF
Copy in Dept Files

**DEPARTMENT OF PERSONNEL
CITY OF WHITE PLAINS**

NOTICE OF RIGHT TO JOIN THE NYS EMPLOYEES' RETIREMENT SYSTEM

Please read the information below carefully before deciding whether or not you wish to join the New York State Employees' Retirement System; then check the appropriate box and sign your name.

If you are not a full time employee, joining the New York State Employees' Retirement System is optional.

If you choose to join the New York State Employees' Retirement System, a contribution of 3% or more is automatically deducted from your bi-weekly pay. The City of White Plains will match your contribution towards your membership.

If you do not join the Retirement System now, and subsequently your status changes to full time employment you will be automatically enrolled in the Retirement System and 3% or more of your wages will then be deducted from your pay depending on your salary. You may be eligible to receive credit for your prior service. If you believe you are eligible to receive credit for prior public service covered by the NYSLRS, please notify the Personnel Department at (914) 422-1257.

Please check one of the following:

- ☐ I have read the information above and wish to join the NYS Employees' Retirement System. I understand that 3% or more of my wages will be deducted from my bi-weekly pay.
(Retirement Registration form must be completed).
- ☐ I have previous or current membership in the NYS Employees' Retirement System or any other NYS & Local Retirement System.
- ☐ I have read the information above and **DO NOT** wish to join the New York State Employees' Retirement System. I waive my right to do so. I understand that should permanent status be granted, I will automatically be enrolled and 3% or more of my wages will be deducted from my bi-weekly pay.

Employee Name (please print)

Social Security #

Signature of Employee

Date

Department

FOR OFFICE USE ONLY

Previous membership: Y N

Tier: _____

Date of Membership: _____

Registration #: _____

Verified by: _____

Date of Retirement: _____



Thomas M. Roach
Mayor

Angela Sapienza
Personnel Officer

Debra Clay
Deputy Personnel Officer

DEPARTMENT OF PERSONNEL
255 MAIN STREET * WHITE PLAINS, NEW YORK, 10601
Tel: (914) 422-1257 * Fax: (914) 422-6496 * www.cityofwhiteplains.com
"THE BIRTHPLACE OF THE STATE OF NEW YORK"

TO: Employees (Non-permanent/Part-time)


FROM: Angela Sapienza, Personnel Officer

SUBJECT: NOTICE OF RIGHT TO JOIN THE N.Y.S.
EMPLOYEES' RETIREMENT SYSTEM

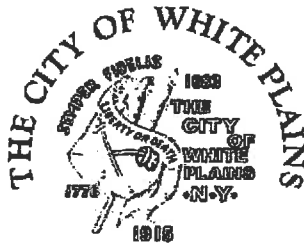
The enclosed notice informs you of your right to join the New York State Employees' Retirement System. If you decide to join the Retirement System now, you will be enrolled as a member of Tier 6. In making your decision, you should consider the following:

1. You must contribute 3-6% (based on your salary) of your salary which will be deducted from your paycheck.
2. **10 Year Vesting - Chapter 504, Laws of 2009, effective January 1, 2010**
On and after January 1, 2010, members of the retirement system with 10 or more years of service have a right to a retirement benefit when they reach minimum retirement age.
3. **Extended Death Benefit - Chapter 388, Laws of 1998, effective July 17, 1998**
This legislation provides that members who discontinue service with 10 or more years of credit, who die on or after January 1, 1997, are not retired, and not otherwise eligible for the payment of a death benefit, are now eligible for a death benefit equal to ½ of the death benefit that would have been payable if the member had died on their last day of covered public employment. The benefit will be paid to the individuals last named beneficiary, or in the absence of a living beneficiary, to the member's estate.

Please read, sign and return the attached form indicating your decision to join the Retirement System. If you decide to join, or have any questions, please call the Personnel Department to make an appointment to enroll at (914) 422-1259. Additional information is available at www.osc.state.ny.us.



Angela Sapienza
Personnel Officer



Thomas M. Roach
Mayor

Angela Sapienza
Personnel Officer

Debra Clay
Deputy Personnel Officer

DEPARTMENT OF PERSONNEL
255 MAIN STREET * WHITE PLAINS, NEW YORK, 10601
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This legislation provides that members who discontinue service with 10 or more years of credit, who die on or after January 1, 1997, are not retired, and not otherwise eligible for the payment of a death benefit, are now eligible for a death benefit equal to 1/2 of the death benefit that would have been payable if the member had died on their last day of covered public employment. The benefit will be paid to the individuals last named beneficiary, or in the absence of a living beneficiary, to the member's estate.

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Angela Sapienza
Personnel Officer