**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

**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 in black or blue ink. Attach additional sheets/documents if needed to give complete information. A separate application must be filed for each examination.

**UPON COMPLETION MAIL OR DELIVER TO:**

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

*$25 (Non-Refundable) APPLICATION FEE: SEE BACK PAGE*

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.

**CITY OF WHITE PLAINS IS AN EQUAL OPPORTUNITY EMPLOYER**

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.

**PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>1. EXAM TITLE</th>
<th>EXAM NUMBER</th>
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<tr>
<th>2. SOCIAL SECURITY NUMBER</th>
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<tbody>
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</table>

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<thead>
<tr>
<th>3. LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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<tr>
<th>4. Do you have a change of name, use an assumed name or nickname?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No ☐ Yes, indicate here:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. LEGAL RESIDENCE: Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>6. MAILING ADDRESS: (if different from Legal Residence) Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>7. Are you a legal City of White Plains Resident?</th>
<th>8. Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No ☐ Yes, since:</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. E-MAIL ADDRESS</th>
<th>☐ google.com</th>
<th>☐ yahoo.com</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>10. Are you taking another Civil Service Exam on the same date?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Are you requesting an alternate test date?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

**IF "YES", YOU MUST COMPLETE THE APPROPRIATE SECTION (ON THE BACK OF THIS APPLICATION)**

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. PURSUANT TO SECTION 218.45 OF THE NEW YORK PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

Consistent with applicable collective bargaining agreement, employees may be required to submit to drug and/or alcohol testing.

Employees utilizing a Commercial Driver's license in their position will be subject to random drug testing per Federal Department of Transportation regulations.

**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 authorize the release 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 this application for Examination/Employment containing this release will be valid as an original, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (excluding 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 for employment are subject to investigation and verification, and may be required to undergo a State and Federal 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.

**SIGNATURE OF APPLICANT:**

**DATE:**

**METHOD OF PAYMENT:** (*Print Clearly*)

☐ Check/Money Order
☐ Credit Card

*Card No.
*Exp Date
*3-digit Code

Signature
Certificate of Exemption from Withholding
New York State • New York City • Yonkers
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).

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

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).

Employee name and address

Employee identification number

Mark an X in the box if a newly hired employee or a rehired employee Yes ☐ No ☐

List 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

No 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 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.

You meet the conditions in Group A or Group B, file this certificate, 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 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

Employee Info from Section 1

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

List A
Identity and Employment Authorization

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List B
Identity

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List C
Employment Authorization

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Additional Information

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 Address (Street Number and Name)

City or Town

State

ZIP Code

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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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

Form I-9 10/21/2019

Page 2 of 3
# Employee's Withholding Certificate

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

## Step 1: Enter Personal Information
- **First name and middle initial**
- **Last name**
- **Social security number**
- **Address**
- **City or town, state, and ZIP code**

- Single or Married filing separately
- Married filing jointly or Qualifying widower(er)
- 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.

**Complete the following:**
- 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);
  - (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:** 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.

## 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Deduction</td>
<td>$2,000</td>
</tr>
<tr>
<td>Other Dependent Deduction</td>
<td>$500</td>
</tr>
<tr>
<td>Total</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

## 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.

(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.

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Income</td>
<td>$4,000</td>
</tr>
<tr>
<td>Deductions</td>
<td>$4,500</td>
</tr>
<tr>
<td>Extra Withholding</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

## 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**

<table>
<thead>
<tr>
<th><strong>Employer's name and address</strong></th>
<th><strong>First date of employment</strong></th>
<th><strong>Employer Identification number (EIN)</strong></th>
</tr>
</thead>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2022)
<table>
<thead>
<tr>
<th>TYPE OF BUSINESS</th>
<th>SUPERVISOR'S TITLE</th>
<th>SUPERVISOR'S NAME</th>
<th>DUTIES DESCRIBED BELOW</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

**Note:** Have you answered all relevant questions? An incomplete application may be disapproved.

**Fee:** IS NON-REFUNDABLE.
ARE YOU 18 YEARS OF AGE OR OLDER?  
"YES" ☐  "NO" ☐

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  
"YES" ☐  "NO" ☐
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.

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

<table>
<thead>
<tr>
<th>Name of School and City in which located*</th>
<th>Type of Course or Major</th>
<th>Number of College Credits Received</th>
<th>Were You Graduated?</th>
<th>Type of Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes or No</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

1. **World Education Services, Inc.**
   - O. Box 5087
   - New York, NY 10007
   - Web: [www.wes.org](http://www.wes.org)
   - Phone: (212) 966-6311
2. **Globe Language Services, Inc.**
   - 305 Broadway Ste. 401
   - New York, NY 10007
   - Web: [www.globelanguage.com](http://www.globelanguage.com)
   - Phone: (212) 227-1994
3. **International Education Research Foundation, Inc.**
   - 6133 Bristol Pkwy
   - Culver City, CA 90230
   - Web: [www.ielf.org](http://www.ielf.org)
   - Email: [info@ielf.org](mailto:info@ielf.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)**

**OPERATOR COMMERCIAL (CDL):**

<table>
<thead>
<tr>
<th>Number</th>
<th>Date of expiration</th>
<th>State</th>
</tr>
</thead>
</table>

**IVER'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.
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? ☐ Yes ☐ No

2) Did you ever resign from any employment rather than face dismissal? ☐ Yes ☐ No

3) Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

4) Have you ever been convicted of a felony? ☐ Yes ☐ No

5) Have you ever forfeited a bail bond posted to answer any criminal charge (felony or misdemeanor)? ☐ Yes ☐ No

6) Are you now under charges for a misdemeanor? ☐ Yes ☐ No

7) Are you now under charges for a felony? ☐ Yes ☐ 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 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: ____________________________

Page 2 of 2
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. 
You can waive the extra credits later, if you wish.

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 basis 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
☐ US PUBLIC HEALTH SERVICE: JUNE 26, 1950 - JULY 3, 1952
☐ VIETNAM CONFLICT: FEBRUARY 28, 1961 - MAY 7, 1975
☐ HOSTILITIES IN LEBANON: JUNE 1, 1983 - DECEMBER 1, 1984
☐ HOSTILITIES IN PANAMA: DECEMBER 20, 1989 - JANUARY 31, 1990
☐ PERSIAN GULF CONFLICT: AUGUST 2, 1990 - ( )
☐ OTHER DETERMINATIONS: LIST __________________________

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

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
RE: IS A NON-REFUNDABLE $25.00 APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY YRABLE TO THE CITY OF WHITE PLAINS) MUST ACCOMPANY THIS APPLICATION. RECORD ALL EXAM NUMBERS ON THE CHECK OR MONEY ORDER.

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 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: ______________________

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

□ DR: □ Male □ Female

□ACE/ETHNICITY: Please check one only:
W - White / Caucasian (Non-Hispanic origin) □ A - Asian
B - Black / African American (Non-Hispanic origin) □ I - American Indian or Alaskan Native
H - Hispanic/Latino □ N - Native Hawaiian or Pacific Islander
X - Two or more races (Non Hispanic)

□ SOCIAL STATUS: □ Veteran □ Exempt Volunteer Firefighter

Note: Personnel with PPAP are 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: ______________
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.

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.

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.

[Signature]
Angela Sapienza
Personnel Officer

Shared/Orient’n/YSrets
Revised 12/21
TO: Employees (Non-permanent/Part-time)

FROM: Angela Sapienza, Personnel Officer

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

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