



THE DEPARTMENT OF COMMUNITY PROGRAMS EMPLOYMENT APPLICATION

5 Myrtle Avenue, Summit, New Jersey 07901

The City of Summit welcomes all applicants. If you require some form of reasonable accommodation during the application process, please notify the Department of Community Programs at (908) 277-2932.

POSITION FOR WHICH YOU ARE APPLYING: _____

Applicant Information

***Date of Birth:** _____ **Email :** _____

Name (Last, First, Middle): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell # _____ **Social Security #:** _____ - _____ - _____

(Are you legally eligible to work in the United States of America? _____ yes _____ no
(In accordance with Federal Law, proof of eligibility for United States employment will be required if you are hired.)

Have you ever been employed by the City of Summit or any of its agencies? _____ yes _____ no

Give the name of any of your relatives (by blood or marriage) who currently works for the City of Summit: _____

Are you related to any member of the Common Council? _____ yes _____ no
If yes, please give the name of the Council Member that you are related to: _____

Since your 18th birthday, have you been convicted of a crime, other than a traffic violation, in any state? _____ yes _____ no

If yes, please explain: _____

(A "Yes" answer does not necessarily disqualify you from employment. A "Yes" answer will be evaluated on the basis of the job you apply for.)

EDUCATION				
Did you graduate from high school?		_____ yes _____ no		
If no, do you have a GED?		_____ yes _____ no		
Colleges or Universities	City/State/Country	Major	Total Earned Credits	Degree received (AA, BS, MBA, etc.)
Trade or Other Special Schools	Name of Course or Training		Completed Satisfactorily?	
			yes	no
			yes	no
List any licenses or certificates that are related to the position you seek.				
List any of your professional, trade, business, or civic activities that relate to the position you seek. (If you prefer, you do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age, or disability.)				

DRIVER'S LICENSE	
If driving a car or other vehicle is required for this position, do you have a valid NJ driver's license? _____ yes _____ no	
If no, do you have a license from another U.S. state? _____ yes _____ no	
Which state? _____	
List license restrictions other than eye glasses: _____	
If a Commercial Driver's license is required for this position, do you possess a valid NJ CDL? _____ yes _____ no	

EMPLOYMENT HISTORY Show all employers. Include all paid and unpaid experience you think qualifies you for this position. Also include any military service.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor? <input type="checkbox"/> YES <input type="checkbox"/> LATER <input type="checkbox"/> NO			
Reason for leaving position			
Reason for leaving position			

REQUIRED EXTRA DOCUMENTATION:

Social Security Card (All)

Drivers License (Over 18)

I9 Documentation:

Passport

or Photo ID

SPECIAL SKILLS & EXPERIENCE

List any special skills, experience, training, licenses, certifications, languages you speak or read and write, or other factors that make you especially qualified for the position for which you are applying,

COMMENTS & ADDITIONAL INFORMATION

Is there any additional information about you we should consider? _____

REFERENCES Please provide the names and telephone numbers of three people whom we may contact. They should not be relatives or former supervisors. You may include coworkers and professional colleagues.

Name	Phone Number	Years Known

UNDERSTANDINGS & AGREEMENTS

As an applicant for a position with the City of Summit, I understand and agree that I must provide truthful and accurate information in this application and on any supplementary material submitted with this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the City later discovers that information on the form was incomplete, untrue, or inaccurate.

Authorization to Release Information: I give the City of Summit the right to investigate the information I have provided, and to contact former employers (except where I have indicated they may not be contacted). I give the City the right to secure additional job-related information about me. I release the City of Summit, its representatives, and all persons and organizations from which it seeks information about me from all claims and liability arising out of the City's investigation, or from supplying accurate information about me. I release from all claims and liability anyone who provides the City of Summit with job-related information about me. I agree that a photocopy of this signed form may be used in place of the original.

I understand that the City of Summit is an equal-opportunity employer and does not discriminate in its hiring or other personnel practices. I understand that the City will make reasonable accommodations as required by Federal and/or State law.

I understand that, if employed, I may resign at any time and that the City may discharge me at any time in accordance with the City's established policies and procedures. No City representatives may make any assurances to the contrary.

I understand that I must submit proof of U.S. citizenship or the legal right to work in the U.S. if I am hired. I also understand that I may be required to pass a pre-employment drug test, medical examination, physical examination, psychological test, and/or other tests relevant to the position I seek. I also understand that some positions involving public safety, public works, and access to confidential information may also involve complete background and criminal checks.

Applicant signature: _____ **Date:** _____

***Required to meet American Red Cross standards and necessary criminal background checks.**



Enroll Today

Here's how:

- ▶ Access www.primepoint.com
- ▶ From the Homepage click: "EmployeeXperience Login"
- ▶ On the login page click: "Need to Enroll?"
- ▶ Follow the on-screen instructions



This site is mobile-friendly

Your employeeXperience®
Enrollment Code is:

SUMMCI

For help, go to www.primepoint.com > Support > EmployeeXperience® Help

**CITY OF SUMMIT
SUMMIT, NJ
Authorization and Release Consent Form**

Acknowledgement and Consent to Obtain Criminal Record Information Pursuant to the State of New Jersey Public Law 1999, Chapter 432 and the City of Summit, Department of Community Programs Policy, which requires background checks for City of Summit's Recreational Activities.

To foster safety and security of the children who participate in our recreation programs, it is the policy of the City of Summit and the Department of Community Programs Policy to conduct criminal background screenings of all Recreation Department volunteers, staff and coaches (hereinafter referred to as "applicants"). Applicants will only be screened for criminal convictions as detailed on the reverse side of this form. If you wish to serve as an applicant, you must execute the consent form to allow the Department of Community Programs to conduct such searches. If you have ever been convicted or pled guilty to any of the crimes listed on the reverse of this Consent Form, you will be automatically disqualified from serving as an applicant.

I, _____ have read and hereby consent to allow the City of Summit and the Department of Community Programs, through its employees, agent or third-parties retained by the Department, to conduct a criminal background record search of me. I understand, acknowledge, and consent to the fact that this search is a condition of my service as an applicant. I also understand, acknowledge, and consent that if the results of the search reveal a conviction of guilty plea to any of the crimes listed on the reverse side of this consent form, I will be disqualified from serving as an applicant.

I hereby release and agree to hold harmless the City of Summit and the Department of Community Programs, its agents, employees or other third party, and/or any other person or organization that may provide information.

I also understand that, regardless of previous appointments as an applicant, the City of Summit and the Department of Community Programs is not obligated to appoint me as an applicant. The City of Summit and the Department of Community Programs reserves the right to appoint or not appoint applicants at their discretion. I have read the above sections and the reverse of this form and by signing this consent, I accept all conditions stated herein.

PLEASE

Full First Name Middle Name Last Name

PRINT

Date of Birth Home Phone Number Work Phone Number

CLEARLY

Current Address – Street Number, Street Name, City, State, Zip Code

Previous Address (last 5 years), Street Number & Name, City, State, Zip Code

Email Address: _____ Drivers License # _____

(Must include copy with consent form)

Social Security Number _____

Signature

Date

Have you every been convicted of a crime or disorderly persons offense as listed in N.J. PL15A:3A-3, which would disqualify you as a volunteer coach? _____ (yes or no)

If yes, list crime/offense and date of conviction.

Thank you for your application. Your cooperation will help us provide a safe and healthy recreation experience for the youth of our community.

A300 Combined Certification Form

Date(s) of previously issued certificates (if applicable): _____

Cooperative Education Experience (CEE) - Hazardous Occupation CEE - Non-Hazardous Occupation Paid Structured Learning Experience

A. Minor's Personal Information

First Name _____ M.I. _____ Last Name _____			Social Security No. _____		
Street Address (Line 1) _____		Floor/Apt. No. (Line 2) _____		Date of Birth _____	Age _____ City of Birth _____
City _____		State _____	Zip Code _____	County of Birth _____ State/Country of Birth _____	
Telephone No. _____		Cell/Alternate No. _____		<input type="checkbox"/> Male Height _____ Hair Color _____	<input type="checkbox"/> Female Weight _____ Eye Color _____
Parent/Guardian First Name _____		Parent/Guardian Last Name _____		Distinguishing Facial Marks (if applicable) _____	
Parent/Guardian Address (if different than minor's address) _____			Floor/Apt. No. (Line 2) _____		
City _____		State _____	Zip Code _____	I hereby authorize the employment of my child as specified below under Employment Information.	
Parent/Guardian Telephone No. _____		Alternate Telephone No. _____		Signature of Parent/Guardian _____ Date _____	

B. Employment Information

Employer Business Name Summit Family Aquatic Center			Type of Business/Industry Recreation		
Street Address (where minor will be employed) _____		Floor/Suite (Line 2) _____		Minor's Job Title (Be specific) _____	
City Summit		State NJ	Zip Code 07901	Is liquor sold on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contact Person Name _____			If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone No. (908) 277-2932		Alternate Telephone No. _____		If No, describe what areas of the premises are licensed, including any outside grounds: _____	
Minor's Hours of Work (Provide daily hours and/or start and end times)			Promise of Employment: I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor.		
Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Signature of Employer _____ Date _____
Sat _____	Sun _____	Total Hours for Week: _____			
Wages: Per Hour _____		Weekly _____	Other _____		

C. Physician's Certification (to be completed by licensed physician): I hereby certify that I have examined the above named minor on _____ and I designate the minor's physical qualifications regarding the above promise of employment as: _____ (Date)

Physically Qualified Physically Qualified with the following limitations _____

Signature of Doctor _____ Date _____ Address _____

D. Proof of Age (for Issuing Officer): I have examined the proof of age submitted by the above named minor which was in the form of (select one):

Birth Certificate Baptismal Certificate Passport Other documentary proof in existence for at least one year (specify): _____

Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth

E. School Record (to be completed by school that the minor attends)		F. Issuing Officer Certification	
School District _____	County _____	School District _____	County _____
Name of School _____		School District Address _____	
School Address _____		Telephone No. _____	
Last Grade Completed _____		<input type="checkbox"/> Regular Employment Certificate	
The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.		<input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations)	
		<input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____	
Signature of Principal _____ Date _____		Signature of Minor _____ Date _____	
		Signature of Issuing Officer _____ Date of Issue _____ Certificate No. _____	

Employee's Withholding Certificate

2020

▶ **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

(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 online estimator, 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 2020 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 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)



Employee Direct Deposit Enrollment/Change Form

Company Name: _____

PLEASE READ AND SIGN BEFORE SUBMITTING

I hereby authorize my employer to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my account at the financial institution indicated on this form.

This authorization is to remain in full force and effect until Primepoint has received written notification from me, and Primepoint and Bank have a reasonable opportunity to act on it.

Employee Name: _____ Last 4 Digits of Social Security #: _____

Employee Signature: _____ Date: _____

NEW ACCOUNT INFORMATION -- Sample check below identifies the routing and account numbers

Bank Name _____

Routing # _____

Account # _____

I wish to: (check one)

- Deposit Entire Net into account
- Deposit _____% into account
- Deposit \$ _____ into account

Account Type: (check one)

- Checking
- Savings
- HSA

REVISE / REMOVE EXISTING ACCOUNT

Bank Name _____

Routing # _____

Account # _____

I wish to: (check one)

- Deposit Entire Net into account
- Deposit _____% into account
- Deposit \$ _____ into account
- Remove from Direct Deposit

Account Type: (check one)

- Checking
- Savings
- HSA



Routing Number
(Exactly 9 digits)

Bank Account
Number

Include a voided check or bank specification sheet for each account. DO NOT SEND A DEPOSIT SLIP.



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

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's 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





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

Section 2. Employer or Authorized Representative Review and Verification
 Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee's first day of employment. Must attach only one document from List A OR a combination of one document from List B and one document from List C (see "Acceptable Documents").

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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 <i>[Signature]</i>		Today's Date (mm/dd/yyyy) <i>5/1-</i>	Title of Employer or Authorized Representative <i>Director</i>	
Last Name of Employer or Authorized Representative <i>Ozoroski</i>		First Name of Employer or Authorized Representative <i>Mark</i>	Employer's Business or Organization Name <i>City of Summit-DCP</i>	
Employer's Business or Organization Address (Street Number and Name) <i>512 Springfield Avenue</i>		City or Town <i>Summit</i>	State <i>NJ</i>	ZIP Code <i>07901</i>

Section 3. Reverification and Rehire (To be completed and signed by employer or authorized representative)

A. New Name (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)
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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
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