



Town of Salina Department of Recreation

Seasonal Employee Hiring Packet

Director: Jake Brigham

Clerk: Nancy O'Neil

Auto-Fill Information Sheet

By completing the fields on this form, the information provided will automatically fill in throughout the document. Please be sure to read over each form to ensure that it has been fill out and input correctly. Due to legalities, some forms are unable to use the auto fill function, be sure to fill in any missing boxes with no information filled in.

Read over each page thoroughly.

Employee's First Name:

Middle Initial:

Employee's Last Name:

Employee's MAILING Address:

Employee's Phone Number:

Employee's E-Mail:

Position Hired For:

Will you be filing for Tax Exempt Status: (Select one answer for NYS Taxes **AND** one answer for Federal Taxes)

NYS Taxes:	Exempt Status	Look over FORM IT-2104- E
	NON-Exempt Status	Look over FORM IT-2104

Federal Taxes:	Exempt Status	Look over FORM W-4
	NON-Exempt Status	Look over FORM W-4

Employee's Date of Birth (MM/DD/YYYY):

Employee's Social Security Number:

Will you be 18 on or before June 1st, 2026? Yes No

Do you wish to join the NYS Retirement System?

No.

Yes, join as a new member.

Yes, I am already a member.

Employee Signature:

Today's Date:

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 07/2025

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 11th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537
 ❖ www.ongov.net

Job / Exam Title

TYPE OR PRINT CLEARLY IN INK

Exam #

NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in name or address occur.

Last Name	First Name	Middle	Social Security #
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Legal Address:	Mailing Address (If different from legal):
Street _____	Street or PO Box _____
Apt/Rd# _____	City/Village _____
City/Village _____	State _____ ZIP _____
Town _____	E-Mail Address _____
School District _____	Home Phone () _____
County _____	Work Phone () _____
State _____ ZIP _____	Cell Phone () _____

ADDITIONAL INFORMATION

- If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
- If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

Use This Space For Explanations

VETERAN'S CREDIT: Veteran Disabled Veteran Currently On Active Duty

Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER

- Are you a citizen of the United States? YES NO 2. Date of Birth _____ / _____ / _____
- Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

Payment Enclosed: Check # _____ Cash Money Order Visa MC Discover Waived (proof must be attached)

DECLARATION (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

APPLICANT'S SIGNATURE _____ **DATE** _____

PERSONNEL DEPARTMENT USE ONLY: Reviewer _____ Date _____ Approved Disapproved

Comments: _____

Recv'd By _____

Name _____

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

License Do you possess a license to practice a trade or profession? YES NO License/certificate# _____

Name of trade or profession _____ Licensing Agency _____

City/State _____ Original Issue Date _____ Expiration Date _____

Driver's License (Complete only if the position for which you are applying requires one.) Number _____

Date of Expiration _____ Class of license _____ Endorsements _____ Restrictions _____

School Bus Driver candidates: Date of Birth: _____

Experience: You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Hours per week			
Reason for Leaving			



Certificate of Exemption from Withholding

New York State • New York City • Yonkers

IT-2104-E

This certificate will expire on April 30, 2027.

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 2025; **and**
- you do not expect to have a New York income tax liability for 2026 (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). 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* on page 2).

First name and middle initial	Last name	Social Security number	Filing status: Mark an X in only one box
Mailing address (<i>number and street or PO Box</i>)	Apartment number	Date of birth (<i>mmddyyyy</i>)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	C Qualifying surviving spouse 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 2026, I expect to qualify for exemption from withholding of New York State income tax under Tax Law § 671(a)(3) 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 New York State Tax Department (see instructions).

Employer name and address Town of Salina, 201 School Road Liverpool, NY 13088 Employer identification number
15-6001125

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 qualify 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 **all** the conditions in either Group A or Group B.

Group A

To qualify under Group A, you **must** meet **all three** of the following conditions:

- You are under age 18, or over age 65, or a full-time student under age 25.
- You did not have a New York income tax liability for 2025.
- You do not expect to have a New York income tax liability for 2026 (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

To qualify under Group B, you **must** meet the conditions in the SCRA. See *Military spouses*.

How to claim the exemption

If you meet the conditions in Group A or Group B, submit Form IT-2104-E to 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. **If you wish to continue to claim the exemption, you must submit a new certificate to your employer each year.**

Filing status: Mark an **X** in one box on Form IT-2104-E that shows your present filing status for federal purposes.

The Tax Department may impose a **penalty of \$500** for furnishing false information that decreases your withholding amount.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State
		ZIP code

Single or Head of household Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see Note, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

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

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

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **0** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mmdyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, **not** Form IT-2104.

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

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

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
Town of Salina, 201 School Road Liverpool, NY 13088	15-6001125



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	(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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ (b) Multiply the number of other dependents by \$500 3(b) \$ Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here 3 \$		
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Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$		
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Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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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.		
	<table style="width:100%;"> <tr> <td style="width:70%;">Employee's signature (This form is not valid unless you sign it.)</td> <td style="width:30%;">Date</td> </tr> </table>	Employee's signature (This form is not valid unless you sign it.)	Date
Employee's signature (This form is not valid unless you sign it.)	Date		

Employers Only	Employer's name and address Town of Salina 201 School Road Liverpool, NY 13088	First date of employment	Employer identification number (EIN) 15-6001125
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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p style="font-size: 24pt; font-weight: bold;">15-6001125</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p>Additional Information</p> <p style="font-size: 24pt; font-weight: bold;">15-6001125</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Town of Salina		Employer's Business or Organization Address, City or Town, State, ZIP Code 201 School Road Liverpool, NY 13088		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

TOWN OF SALINA
COUNTY OF ONONDAGA
Salina Town Hall
201 School Road
Liverpool, NY 13088
www.Salina.NY.US

ASSESSOR 451-3231
COMPTROLLER 451-4210
DOG WARDEN 457-2710
HIGHWAY 455-5525
JUSTICE CAREY 457-4252
JUSTICE PIRAINO 457-4251

MAINTENANCE 451-8303
PARKS & RECREATION 451-8110
PLANNING & DEV. 451-0492
SUPERVISOR'S OFFICE 457-6661
TAX DEPARTMENT 451-0840
TOWN CLERK 457-2710

DATE: 2026
TO: Comptroller's Office
SUBJECT: Direct Deposit of Payroll Check

I hereby request that my payroll check be deposited directly to my bank as

follows: _____ Entire amount of check

_____ Partial amount of check; Amount is \$ _____

Name and Address of Bank:

Routing Number: _____

Bank Account Number: _____

Account Type: Checking Account _____ Savings Account _____

A voided check or bank verification letter **MUST** be attached to this form.

Employee Signature

Date

Employee Name (please print)

To Whom It May Concern:

I, _____
(Print Name)

As an employee of the Town of Salina, holding my position on a provisional, seasonal, or part-time basis, I understand that my membership in NYS Employee's Retirement System (NYSLRS) is optional. I understand that I have the right to join the Retirement System now or to decline membership at this time.

I further understand that if I decline membership now, and then later join the Retirement System (either by choice or upon attaining permanent civil service status), my membership will begin on the date my membership application is received by the Retirement System or on my date of permanent appointment, and that my date of membership cannot be backdated. My eligibility to receive credit for any prior government service can be determined only by the Retirement System upon my written application for such credit after becoming a member.

By my signature below, I hereby acknowledge that I am aware of my rights to membership in the Retirement System. My signature does not constitute a waiver of any of my rights to retirement enrollment of membership.

Please check one:

_____ At this time, I decline membership in the Retirement System.

_____ At this time, I would like to enroll in the Retirement System. *(Note - Newly enrolled will have a minimum of 3% deduction taken from gross wages.)*

_____ I am currently enrolled in the NYS Local Retirement System. My NYSLRS # is _____.

Employee's Signature

Date

EMERGENCY CONTACT INFORMATION

Please complete the EMERGENCY CONTACT information below. This information will be kept in your personal file in the Comptroller's Office for use only if necessary.

PLEASE RETURN THE COMPLETED FORM TO THE COMPTROLLER'S OFFICE.

YOUR NAME	
ADDRESS	
PHONE NUMBER	
SPECIAL NOTES: ALLERGIES, CONDITIONS, MEDICATIONS, ETC...(optional)	

PRIMARY CONTACT

NAME	
RELATIONSHIP	
ADDRESS	
PHONE NUMBER(S)	

SECONDARY CONTACT

NAME	
RELATIONSHIP	
ADDRESS	
PHONE NUMBER(S)	

EMERGENCY CONTACT INFORMATION

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PRIMARY CONTACT

NAME	
RELATIONSHIP	
ADDRESS	
PHONE NUMBER(S)	

SECONDARY CONTACT

NAME	
RELATIONSHIP	
ADDRESS	
PHONE NUMBER(S)	