

CITY OF ALBANY  
PAYROLL DATA SHEET

Effective Date of Change \_\_\_\_\_  
Effective Payroll Date \_\_\_\_\_

- |                                       |   |  |              |
|---------------------------------------|---|--|--------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Military Leave   | <input type="checkbox"/> Address/Name Change | Reason _____ |
| <input type="checkbox"/> Re-Employed  | <input type="checkbox"/> Term/Resignation | <input type="checkbox"/> Status Change A/I   | Reason _____ |
| <input type="checkbox"/> Transfer     | <input type="checkbox"/> Retirement       | <input type="checkbox"/> Promotion           | Reason _____ |
| <input type="checkbox"/> Grade Change |   | <input type="checkbox"/> Data Change         | Reason _____ |

SECTION A

EMPLOYEE # \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECTION B

DEPT \_\_\_\_\_ SUB-DEPT \_\_\_\_\_ Transfer to \_\_\_\_\_  
to Dept \_\_\_\_\_ Sub-Dept \_\_\_\_\_

PAY CHANGE: from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

POSITION \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_

SALARY \$ \_\_\_\_\_ WEEKLY \$ \_\_\_\_\_ HOURLY \$ \_\_\_\_\_ OT \$ \_\_\_\_\_

SECTION C

LABOR UNION	DUES AMOUNT	POLICE EXPENSE	AMOUNT
B BLUE	\$ _____	<input type="checkbox"/> START	\$ _____
C CWA		<input type="checkbox"/> STOP	
F FIRE			
P POLICE		LONGEVITY YEARS	_____
I IUOE		LONGEVITY AMOUNT \$	_____
T TEAMSTERS			

(circle one)

Charge to BUDGET ITEM: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Audit & Control Approval \_\_\_\_\_ Date \_\_\_\_\_

# 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.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# 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 <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.		
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Complete the worksheet on page 4 before making any entries.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....		<b>1</b>
2 Total number of allowances for New York City (from line 35) .....		<b>2</b>
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>		
3 New York State amount .....		<b>3</b>
4 New York City amount .....		<b>4</b>
5 Yonkers amount .....		<b>5</b>

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

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

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

**Employer: Keep this certificate with your records.**

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

A Employee claimed more than 14 exemption allowances for NYS ..... A

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

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

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

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

### Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2020 Form IT-2104 and give it to your employer.

### Who should file this form

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

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.



CITY OF ALBANY  
ADMINISTRATIVE SERVICES  
CITY HALL, ROOM 301  
ALBANY, NEW YORK 12207  
Telephone (518) 434-5049

KATHY M. SHEEHAN  
MAYOR

**PERSONNEL \* EQUAL OPPORTUNITY EMPLOYMENT \* FAIR HOUSING \* PURCHASING**

TO: Summer, Seasonal and Part-Time Employees

SUBJECT: New York State Employees Retirement System

As an employee of the City of Albany, you are eligible to join the New York State Employees Retirement System. If you decide to do so, you will be required to contribute 3% of your salary. You must check one of the boxes below to acknowledge that you are aware of your right to become a member of the New York State Retirement System.

I am currently (or have been in the past) a member of the New York State Employees Retirement System.

**I understand by checking yes to this box, I must immediately contact Administrative Services at (518) 434-5049 to discuss my status in the New York State Retirement System. I further understand that I must complete a new Membership Registration Application in City Hall, Room 301, even if I joined through a different employer.**

Yes, I want to join the New York State Employees Retirement System.

**I understand by checking yes to this box, I wish to become a member of the New York State Retirement System. I understand that it is my responsibility to complete the NYS Employees' Retirement Membership Registration Application in City Hall, Room 301. I further understand that if I fail to complete the necessary enrollment form, I will not be a member of the retirement system.**

No, I do not want to join the New York State Employees' Retirement System.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Social Security Number (last four digits only)

LOCATION: Seasonal and Summer

Rev. 02/01/12  
11/28/12  
02/06/13  
01/01/14



## City of Albany

Office of Equal Employment Opportunity  
24 Eagle Street  
Albany, New York 12207  
Phone: (518) 434-5296

### **EQUAL EMPLOYMENT OPPORTUNITY DATA COLLECTION FORM**

In compliance with Title VII of the Civil Rights Act of 1964, the City of Albany is required to keep and make available specific records to the federal government. The City of Albany Office of Equal Employment Opportunity is responsible for the confidential collection and maintenance of records pertaining to City of Albany employees. To ensure accurate record keeping, the Office requests that all new employees complete this Equal Employment Opportunity Data Collection Form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government or New York State agencies. When reported, data will not identify any specific individual.

#### **INSTRUCTIONS:**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING SIDE 2 OF THIS FORM.

**SECTION 1:** All new employees are required to complete this section. Please provide your name, job title, and department.

**SECTION 2:** To complete this section, indicate **ONE** racial/ethnic category which you most closely identify with by placing a check mark in the box next to the category. Completion of this section is voluntary. Should you prefer NOT to provide the requested information in this section, you may check the box next to "Do not wish to identify."

All race/ethnicity information will be reported in the seven categories identified on the next page. The definitions for each category have been established by the federal government. Mark only ONE of the Section 2 boxes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires that the City determine this information by visual survey and/or other available information. A City employee will make the determination.

If you require further information regarding this form or services provided by the Office of Equal Employment, please contact the Office at (518) 434-5296 during regular business hours.

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The City of Albany has been and shall continue to be an equal opportunity employer. No employee or applicant for employment shall be discriminated against because of race, color, religion, creed, national origin, gender, age, disability, military status, sexual orientation, or marital status. The City shall take affirmative action to ensure that applicants for employment, employees, and minority- and women-owned businesses are treated without regard to these characteristics.

# EQUAL EMPLOYMENT OPPORTUNITY DATA COLLECTION FORM

## SECTION 1

NAME: \_\_\_\_\_

TITLE/ POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

## SECTION 2

1. **GENDER**- Check ONE box:     Male     Female

2. **RACE/ETHNICITY**- Check ONE box that describes the race/ethnicity category with which you primarily identify:

**Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White**

(Non Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American**

(Non Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

**Asian**

(Non Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander**

(Non Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native**

(Non Hispanic or Latino) A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races**

(Non Hispanic or Latino) Persons who identify with two or more racial categories listed above.

**Do not wish to identify**

### OFFICE USE ONLY

SECTION 2 REVIEW PERFORMED: \_\_\_\_ YES \_\_\_\_ NO

REVIEWER INITIALS: \_\_\_\_\_



# Employment Eligibility Verification

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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

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

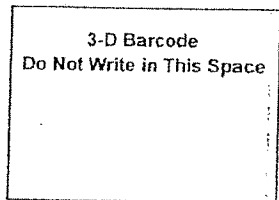
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

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

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

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Hire (if applicable) (mm/dd/yyyy)
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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CITY OF ALBANY  
ADMINISTRATIVE SERVICES  
CITY HALL, ROOM 301  
ALBANY, NEW YORK 12207  
Telephone (518) 434-5049

KATHY M. SHEEHAN  
MAYOR

PERSONNEL \* EQUAL OPPORTUNITY EMPLOYMENT \* FAIR HOUSING \* PURCHASING

**New York State Labor Law Section 195(1) Notice and  
Acknowledgement of Wage Rate and Designated Payday Hourly  
Rate Plus Overtime**

<p>City of Albany City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284 FEIN: 14-6002058</p> <p>Prepared By: _____</p> <p>_____</p> <p>Title: _____</p>	<p>Employee's Name and Address:</p> <p>_____</p> <p>Employee's Phone Number</p> <p>_____</p>
<p>Hourly Rate of Pay: _____ per hour.</p> <p>Overtime Rate of Pay: _____ per hour.</p> <p>Designated pay day: Employees are paid weekly on Friday. Unionized employees are paid according to contractual agreement: Checks are available for distribution at 4:00 pm on the day prior to the regular pay day (Friday).</p>	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Report all personnel changes on this form at the time of change. Use separate form for each person reported

Form ACC-20 (rev. 01/03)

**Report of Personnel Changes**

To: Civil Service Commission, City Hall, Room 301 Albany, NY 12207

From: Department \_\_\_\_\_ Division: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Step: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

SSN \_\_\_\_\_ Ret. Reg Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Effective Date of change or Appointment \_\_\_\_\_

Name of last Employee in Position \_\_\_\_\_

Exempt Vol. Fireman: \_\_\_\_\_ Veteran: \_\_\_\_\_

**Appointments**

**Permanent Appointment**

- Competitive Class  
(Return Certification or Eligibilities and Canvass Letter)
- Non-Competitive Class (send Form ACC-14)
- Exempt Class
- Labor Class

**Provisional Appointment to Competitive Class**

- (pending establishment of eligibility list)
- Open Competitive Examination
- Promotional Examination
- Non-Competitive Examination Promotional Examination  
(send application Form ACC-14 for each appointment)

**Seasonal Appointment**

- Expect to terminate \_\_\_\_\_
- Competitive Class:  
From list: \_\_\_\_\_  
No list \_\_\_\_\_
- Non-Competitive Class (Send Form ACC-14)
- Exempt
- Labor Class

**Temporary Appointment**

- Expect to terminate \_\_\_\_\_
- Competitive Class:  
From list: \_\_\_\_\_ No list \_\_\_\_\_
- Non-Competitive Class (Send Form ACC-14)
- Exempt
- Labor Class

**Other Personnel Changes**

- Military Leave
- Pay Change: From: \_\_\_\_\_ To: \_\_\_\_\_
- Leave without pay: From: \_\_\_\_\_ To: \_\_\_\_\_
- Disciplinary Suspension From: \_\_\_\_\_ To: \_\_\_\_\_
- Removal\*
- Resignation (attach letter of resignation)
- Re-Assignment From \_\_\_\_\_
- Change of Address \_\_\_\_\_
- Retirement
- Deceased
- Termination (Seasonal/Temporary)
- Lay-Off (Lack of work/funds)
- Promotion: From: \_\_\_\_\_
- Transfer: From: \_\_\_\_\_
- Reinstatement: \_\_\_\_\_

\* Attach additional Comments/explanation on separate page

Appointing Officer: Jonathan P. Jones Title Commissioner

Date \_\_\_\_\_



# CITY OF ALBANY DEPARTMENT OF RECREATION

7 HOFFMAN AVE., ALBANY, NEW YORK 12209

TELEPHONE: 518-434-5899

WWW.ALBANYNY.ORG

KATHY M. SHEEHAN  
MAYOR, CITY OF ALBANY

JONATHAN P. JONES  
COMMISSIONER

### Personal Information:

1. Name: \_\_\_\_\_
2. Male: \_\_\_\_\_ Female: \_\_\_\_\_
3. Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Social Security #: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_
6. Telephone # (H): \_\_\_\_\_ Cell #: \_\_\_\_\_

### Emergency Information:

1. Person to contact in case of emergency: \_\_\_\_\_
2. Relationship: \_\_\_\_\_ 3. Telephone #: \_\_\_\_\_

### Work History:

1. Have you ever worked for the Department of Recreation before? Yes \_\_\_ No \_\_\_  
If yes, which location: \_\_\_\_\_
2. Please indicate which location you are applying for:  
 Lifeguard(Location \_\_\_\_\_ )  Maintenance  
 Urban Park Ranger  Swinburne Skating Rink  
 Office Staff  Arbor Hill Community Center

The City of Albany does not discriminate on the basis of handicap status in its programs or employment

15. Experience: Describe any employment or occupation you have had which includes experience that tends to qualify you for the position sought. Begin with your most recent employment and work backward consecutively to your first. You may be required to furnish satisfactory proof of experience claimed. Use additional sheets if necessary.

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Have you any objection to this department making inquiry regarding your character and qualifications from:

your present employer? Yes  No

your former employer? Yes  No

If you answered "Yes" to either of these questions, explain on an additional sheet.

16. **THIS DECLARATION MUST BE COMPLETED**  
 I declare, subject to the penalties of perjury, that the statements made in this application (including statements in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements made by me in connection with this application are subject to verification. Omissions or vagueness will not be interpreted in your favor.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The New York State Human Rights Law prohibits discrimination in employment because of the race, creed, color, religion, national origin, sex, disability, genetic predisposition, carrier status, marital status, sexual orientation or arrest record of a candidate.

It is the policy of the City of Albany to provide Equal Employment Opportunity to all persons, and to carry out Affirmative Action responsibilities. Further, it is the policy of the City of Albany to ensure that all persons, regardless of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, and status as a Vietnam Era Veteran are protected in all matters pertaining to employment.

An Equal Opportunity Employer

Employee ID/Soc. Sec. # \*REQUIRED\*

Employee Name (Last Name, First Name)

Department

( ) -

Contact Phone

**NOTE: Requests must allow 2 weeks for processing and bank pre-notification, and may not be effective for your next pay date. We suggest leaving your old account open until deposit to your new account has occurred.**

Employee may select up to three separate accounts per form.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a voided check.
- **Savings Account:** Attach documentation from financial institution.

Routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I: .I. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

**ACTION TYPE**

- New Employee Set-Up
- Current Employee Change (i.e. change account # (with same bank), change financial institution, change dollar amount, drop or add financial institution)
- Cancel Direct Deposit

**IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts. Enter the lowest \$ amount first and the highest \$ amount last. This form overrides (replaces) all prior designations.**

Account #1

**Account Type**

Checking

Savings

(Attach voided check)

(Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_

Account # \_\_\_\_\_

Requested amount for this account: (select one)

Specific \$ Amount: \$ \_\_\_\_\_

Entire Balance

Account #2

**Account Type**

Checking

Savings

(Attach voided check)

(Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_

Account # \_\_\_\_\_

Requested amount for this account: (select one)

Specific \$ Amount: \$ \_\_\_\_\_

Entire Balance

Account #3

**Account Type**

Checking

Savings

(Attach voided check)

(Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_

Account # \_\_\_\_\_

Requested amount for this account: (select one)

Specific \$ Amount: \$ \_\_\_\_\_

Entire Balance

**Authorization Agreement:** I hereby authorize the City of Albany to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the City of Albany to make the appropriate adjustment(s).

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN ORIGINAL FORM TO PAYROLL OFFICE  
CITY HALL ROOM 252-M**