

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT**  
**DEPARTMENT OF HUMAN RESOURCES**  
**124 GRAND STREET, NEWBURGH, NY 12550**  
**845-563-3460/www.newburghschools.org**

**CIVIL SERVICE INFORMATION**

**YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL WE RECIEVE REFERENCES & FINGERPRINTS.**  
ENTIRE APPLICATION MUST BE COMPLETED BEFORE PROCESSING.

Dear Applicant,

Below is the procedure to apply for a Civil Service position with the Newburgh Enlarged City School District. When submitting the application, the following items are required:

1. Please provide a Letter of Interest (included in this packet or available on the District website) for each position you are applying for.
2. **Please provide two forms of identification.** A copy of your Social Security Card **and** Driver's License **or** U.S. passport is acceptable.
3. Please include two current references with phone # and email address. We need to verify credentials and/or character; therefore, this information must be completed.
4. If you do not already have a fingerprint application on file with the New York State Education Department, you will have to be fingerprinted before you can become employed. Instructions for fingerprinting are attached. Please note, if you had fingerprints processed through any organization *other than* the New York State Education Department, they cannot be accepted.
5. If you would like to enroll in direct deposit, please be sure to include a voided check or letter from your bank that includes your name, routing number and account number – payment cannot be processed without this. Your first check will be a paper check mailed to your home address on file, your following payments will be deposited into your bank.
6. Provisional, Part-Time and Temporary employees have the option to join NYSLRS. If you would like to join please complete the included application. If you do not wish to join, please sign the declination form. If you decline now you can chose to join at any time.
7. **Please be sure to include an email address on your documentation.**

Please return your completed application and all requested documentation to:

- The Board of Education, Department of Human Resources, 124 Grand Street, Newburgh, NY 12550  
**OR**
- Email to Tabatha Capodiferro, Department of Human Resources: [tcapodiferro@necsd.net](mailto:tcapodiferro@necsd.net)

Your paperwork will be reviewed by the Human Resources department and then you will be contacted.

Letter of Interest

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

Do you have a job application already on file? Yes No

We will keep your application on file for 1 year. We do not canvas your application when we have vacancies. You must submit this form for each position you are interested in applying for. It is not necessary to complete an application for each interested position. If you do not have an application on file, you must complete one and submit it with this form. You may attach a resume as well.

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

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

City, State, Zip: \_\_\_\_\_

Office use only

Eligible: \_\_\_\_\_

Sent to: \_\_\_\_\_

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

Telephone where you may be reached: \_\_\_\_\_

Posting Name: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Location of position: \_\_\_\_\_

Are you an active district employee? \_\_\_\_\_

Where do you currently work? \_\_\_\_\_

What is your current position? \_\_\_\_\_

What related experience do you have for this position? \_\_\_\_\_

Are you on a Newburgh Enlarged City School District eligible civil service list? If so, what list(s)? \_\_\_\_\_

If applying for a **Teaching Assistant** position you must submit proof of certification or proof of passing the exams and proof of application to NYS Education Department.

If applying for a **School Monitor** position you must have your license and proof of your 8 hour and 16 hour course completion, High School diploma or GED.

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT**  
**124 GRAND STREET**  
**NEWBURGH, NEW YORK 12550**  
**\*An Equal Opportunity Employer\***

HUMAN RESOURCE OFFICE

TEL (845) 563-3460

## APPLICATION FOR EMPLOYMENT

The Newburgh City School District operates all programs in compliance with Federal law which prohibits discrimination because of race, color, religion, sex, age, national origin or handicap.

### COMPLETE IN FULL OR APPLICATION WILL NOT BE RETAINED

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last Name First) Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ CITIZEN U.S.A? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ DO YOU HAVE TRANSPORTATION? \_\_\_\_\_

#### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

#### RECORD OF EDUCATION

School	School Name & Address	Check Last Year Completed (Circle one)				Did you Graduate? (Circle one)	
		5	6	7	8	YES	NO
Elementary							
High							
GED	Date Received:						
College (List Degree and Major)							

#### MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_  
Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List below your last three employers, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					
Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					
Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by no, which one(s) you do not wish us to contact

**PROFESSIONAL REFERENCES (Preferably a Supervisor, not former Co-Workers or Relatives) – Please note your references will be contacted.**

Name and Occupation	Address	Phone Number	Email Address

\*All Three Questions Below Must Be Answered (Circle Answer)

Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations?      Yes      No  
 Are any criminal charges or proceedings pending against you?      Yes      No  
 Can we request under Public Law 91-508 a copy of criminal records?      Yes      No

**PHYSICAL RECORD**

Explain any existing physical or mental condition which would adversely affect your ability to substantially perform the duties of this position you seek. (Answer is Optional)

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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Applications are retained in the District's active file for one year. At the end of one year they are destroyed unless updated by calling the Human Resources Office.

**APPLICANT AUTHORIZATION  
FOR  
RELEASE OF INFORMATION**

**In connection with my application for employment with the Newburgh Enlarged City School District, I authorize my present and former employers and any educational, professional, or licensing agency to respond to a request from:**

**Newburgh Enlarged City School District  
124 Grand Street  
Newburgh, New York 12550**

**For verification of statements I have made on the job application form regarding my qualifications and employment history.**

\_\_\_\_\_  
**Applicant Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Other name(s) by which you have been known:**

\_\_\_\_\_



Department of Taxation and Finance

# 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	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>										
City, village, or post office	State	ZIP code										
		Married, but withhold at higher single rate <input type="checkbox"/>										
<p>Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.</b></p> <p>1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) <table border="1"><tr><td>1</td><td></td></tr></table></p> <p>2 Total number of allowances for New York City (from line 31, if using worksheet) ..... <table border="1"><tr><td>2</td><td></td></tr></table></p> <p><b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b></p> <p>3 New York State amount ..... <table border="1"><tr><td>3</td><td></td></tr></table></p> <p>4 New York City amount ..... <table border="1"><tr><td>4</td><td></td></tr></table></p> <p>5 Yonkers amount ..... <table border="1"><tr><td>5</td><td></td></tr></table></p>			1		2		3		4		5	
1												
2												
3												
4												
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 1 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 [www.tax.ny.gov](http://www.tax.ny.gov) (search: IT-2104-I) or scan the QR code below.

**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 [www.tax.ny.gov](http://www.tax.ny.gov) (search: IT-2104-I) or scan the QR code below.

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 (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit [www.nynewhire.com](http://www.nynewhire.com).

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

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 New York State Tax Department.)	Employer identification number
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Scan here



## 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.**

2024

Department of the Treasury  
Internal Revenue Service

<b>Step 1: Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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.)		

**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](http://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](http://www.irs.gov/W4App) for 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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>	\$

<b>Step 5: Sign Here</b>	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)
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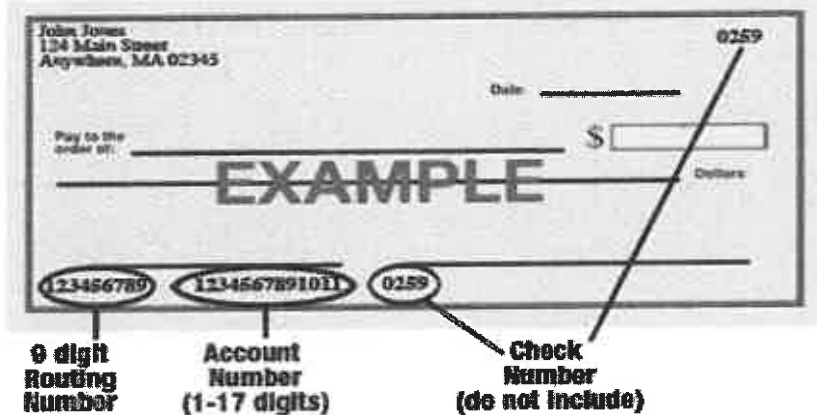


Payroll Department  
124 Grand Street  
Newburgh, NY 12550  
(845) 563 - 3440

## Direct Deposit Authorization Form

Name: \_\_\_\_\_ ID # \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip  
Phone: \_\_\_\_\_

**\* You Must Attach A Voided Check or Printout From Your Bank \***



Primary Deposit Account: \_\_\_\_\_ Check One -  Checking  Savings

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Full Net Amount

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

Payroll Use Only: \_\_\_\_\_ Verification Method

Employee's Initials \_\_\_\_\_  Phone  In Person-ID  HR Onboarding





**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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          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





**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 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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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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# Fingerprint Process

Effective as of July 1, 2020

All fingerprinting required by the Education Department for certification or employment in schools must be scheduled with MorphoTrust/IDEMIA. There are two ways to schedule an appointment:

a. Click on the appropriate URL from this table below:

APPLICANT FOR	URL
Certification	<a href="https://uenroll.identogo.com/workflows/14ZGQT">https://uenroll.identogo.com/workflows/14ZGQT</a> (link is external)
Employment	<a href="https://uenroll.identogo.com/workflows/14ZGR7">https://uenroll.identogo.com/workflows/14ZGR7</a> (link is external)

b. Call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment. Provide the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employment	14ZGR7

Follow all instructions and make payment as necessary. The total fingerprint fee as of **May 1, 2024 is \$102.50**.

ENTITY	FEE
DCJS	\$75.00
FBI	\$13.25
MorphoTrust/IDEMIA	\$14.25
Total	\$102.50

If you have any questions, please contact the NYSED Fingerprint Helpdesk at: [ospra@nysed.gov](mailto:ospra@nysed.gov)(link sends e-mail) or call (518) 473-2998.



**OSPRA 102**  
(Updated: 04/09/2024)

**Consent Form for  
Clearance for Employment Request**  
(To be retained by Covered School)

**Office of School Personnel Review and  
Accountability (OSPRA)**  
New York State Education Department  
Website: <https://www.nysed.gov/educator-integrity>

**\*\*\*\*\* IMPORTANT NOTICE \*\*\*\*\***

**Covered Schools:** The OSPRA 102 Consent Form for Clearance for Employment Request ensures that the prospective employee, who has been fingerprinted before for NYSED or NYCDOE purposes, has been provided with and reviewed the OSPRA 100 Form which includes the FBI's Privacy Act Statement. This form is to be retained by the covered school for their own records as proof of same. Do not send this form to OSPRA. All requests for clearance for employment are done through the Department's TEACH system. Covered schools must use the online TEACH system to request clearances for employment for their own prospective employees and prospective employees of their contract service providers in accordance with 8 NYCRR Part 87. Covered schools may only submit fingerprint clearance requests for prospective employees.

**Instructions  
for  
Applicants:**

- Please **completely** fill out sections 1 and 2 of this form which will be retained by your prospective employer. Type or print all information and sign and date at the end.

**SECTION 1**

Social Security Number:		Date of Birth: <small>(mm/dd/yyyy)</small>	Applicant's Full Name (First, Middle, Last, and Suffix if any):	
Mailing Address:				
City:	State:	Zip:	Telephone number & area code:	
Name of Covered School:			Position Applied for:	

**SECTION 2**

1. I am applying for Clearance for Employment in a covered school and have been fingerprinted before for New York State Education Department or New York City Education Department purposes, and I understand this form will be retained by the covered school as part of my application.
2. I have read and been provided with a copy of the "Fingerprinting Information and Instructions" (OSPRA 100 Form) issued by the State Education Department.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of a determination on a Clearance for Employment as a condition of my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Department's regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Covered School's  
Fingerprint Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



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Received Date
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# Employees' Retirement System Membership Registration

RS 5420

(Rev. 11/22)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)	

Social Security Number \*

--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--	--	--

**Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.**

Employee's Last Name:		First Name:			Middle Initial:
Employee's Address:	Apt	City	State	Zip Code	
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Sex	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

**Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.**

Employer's Name:				Employer's Telephone:	
Newburgh Enlarged City School District				845-563-3460	
Employer's Address:				Employer's Fax Number:	
124 Grand Street Newburgh, NY 12550				845-563-3468	
Job Code [1]		Employee Classification		<input type="checkbox"/> Regular [2] <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	
		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem			
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]		Location Code	
Month	Day	Year	Month	Day	Year
				Standard Workday [4]	
For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes					

**Frequency of Payment**

Weekly  Bi-Weekly  Semi - Monthly  Monthly  Quarterly  Semi- Annually  Annually  Other- Please Specify \_\_\_\_\_

**Projected Annualized Wage [5]**

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

**Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.**

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Telephone Number:	Employee's Email Address:
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MEMO: To Civil Service Substitute, Part-Time, Provisional or Temporary Employees

RE: New York State Employees Retirement Availability

Please be advised that you CAN elect to join the New York State employees' Retirement System. It is NOT mandatory for Provisional, Temporary or Part-Time employees to join.

If you ELECT to join the NYSERS, you will be required to contribute 3% of your annual salary, paid bi-weekly, to the NYSERS. You must complete a NYSERS Membership application in order to be effective. You can call the Human Resource Office to obtain a membership application at 845-563-3460.

Please give a careful consideration before submitting the membership application because once you are a member, you CANNOT terminate your membership as long as you continue to be employed by an employer that participates in the Retirement System.

If you DO NOT elect to join at this time, please complete the bottom portion of this form and return it to the Human Resource Office.

**DECLINATION OF NYSERS MEMBERSHIP**

\_\_\_\_\_ I do not want to join the New York State Employees' Retirement System. I understand I may elect to join at a later date.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Employees Signature**

\_\_\_\_\_  
**Date**