



Orangetown Parks & Recreation Department

81 Hunt Road Orangeburg, New York 10962

(845) 359-6503 Fax (845) 359-6991

E-Mail: Recreation@orangetown.com

www.orangetown.com/recreation

Summer Camp Counselor Application Introduction Letter: (please read carefully)

Applicants must be 16 years of age by June 30 to be eligible. The attached paperwork must be filled out **completely**. Incomplete applications will not be accepted, nor will such candidates be scheduled for an interview.

An application checklist has been provided on the next page. The phone number and email address provided on the application **must be those of the applicant**, NOT a parent or guardian.

All individuals under the age of 18 when applying must provide working papers with this application.

Working papers are obtained through your high school guidance dept. or main office.

The application must include two letters of recommendation from a teacher, coach, religious leader, volunteer group, former employers, etc. and must be on organizational letterhead and must include an address, phone number and e-mail. Members of your family are **not** appropriate references. *Handwritten letters or letters without the proper contact information will not be accepted.*

Lastly, including a resume with your application is recommended. The resume can include items such as academic awards and honors, GPA, clubs and extra-curricular activities, sports teams, community service and volunteer work, additional languages spoken, etc.

The Town of Orangetown 2025 Summer Day Camp Program runs for 29 days from June 30 to August 8 (Closed July 4). Each applicant will be expected to work the entire 6 week season. Counselor positions are full day positions, and the workday is 8:30am to 4:30pm.

Three mandatory training dates for new camp employees will take place in June:

1. *Mon 6/23 from 4:45pm-6:30pm*
2. *Thu. 6/26 from 5:00pm-7:00pm*
3. *Fri. 6/27 from 10am-12pm*

If you are unable to meet the above requirements, please do not submit an application. It is your responsibility to notify your parents of the training dates and camp schedule as vacation days are not offered for seasonal positions. Failure to attend all three of these mandatory meetings or a change in your availability to work the full summer camp season will be cause for termination of employment.

Applications will be accepted from February 3 until March 14. If you are a college student and will be away at school during this time frame, it is your responsibility to return your completed application prior to the deadline and to notify us of your interview availability so we may schedule your interview during your next school break or via Zoom.

Thank you for your interest in our recreation program!

Sincerely,

David Torres

David Torres
Senior Recreation Supervisor

Orangetown Day Camp Counselor Application Checklist

2025 Applications Due No Later Than March 14

- Rockland County Personnel Application for Employment
(Leave box 1A "Title" blank)
- Two (2) Letters of Recommendation
- Working Papers (If you are under age 18 at time of application)
- Employee Emergency Contact Form
- W4 Form
- I9 Form
 - Scan of ID(s) required to complete the I9 form or bring to our office with your application so we can photocopy them.
(See "List of Acceptable Documents" page)
- Retirement System Acknowledgement Form
(Page 14 of application packet)
- Employee's Retirement System Membership Registration
(only if opting into the retirement system)
- Submit completed application by March 14, 2025 to:**

Orangetown Parks & Recreation Department
81 Hunt Road, Orangeburg, NY 10962.

Hours 9am-5pm, Monday-Friday

Phone: 845-359-6503

Fax: 845-359-6991

Email: recreation@orangetown.com



It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination based on age, race/color, creed, religion, national origin, gender, sexual orientation, disability, marital/familial status, military status, criminal record and additional protections under federal, state and local law, policies and regulations.

APPLICATION FOR EXAMINATION OR EMPLOYMENT for County Departments, Towns, Villages, School Districts, Libraries and Special Districts

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This application is part of the selection process for a civil service examination or a non-examination employment opportunity with a County department or local jurisdiction. If you fail to answer all questions completely and accurately, your application may not be approved. A separate application must be submitted for each examination or non-examination employment opportunity for which you are applying.

***General information about applying for examinations, submitting an application for employment, as well as supplemental forms are available at <http://rocklandgov.com/departments/personnel/> (designated by an asterisk * throughout this application).**

EXAMINATION APPLICATION:

1. Before completing this application, carefully read the exam announcement to ensure you understand the required minimum qualifications. You may apply online at <https://mycivilservice.rocklandgov.com/exams/> or by completing this fillable application, which should be mailed along with the application filing fee to the Rockland County Department of Personnel, 50 Sanatorium Road, Building A, Pomona, NY 10970.

2. **Application Filing Fee:** The exam announcement lists the required Application Filing Fee, which must be submitted with each application and received by the LAST DATE AND TIME FOR FILING listed on the announcement. Fees may be paid by Paypal, credit card, check or money order (payable to the Rockland County Commissioner of Finance and must include the examination number and the last four digits of your social security number). **Fees are not refundable.** Cash is not accepted. See **Application Fee Filing Information***. For applicants who qualify, please review the **Application for Fee Waiver***.

NOTICE: You should receive your admission notice one week preceding the examination date via email. If you do not receive it by the Thursday preceding the examination date, it is your responsibility to contact the Rockland County Department of Personnel by email at RCExams@co.rockland.ny.us or by calling 845-364-3737.

NON-EXAMINATION EMPLOYMENT OPPORTUNITY:

Before completing this application, carefully read the job specification for the title to ensure you understand the required minimum qualifications; job specifications are available at <https://mycivilservice.rocklandgov.com/default/jobs/>. You may apply by completing this fillable application, which should be returned to the Department or Agency with which you are applying.

Notify this office IMMEDIATELY of any change to your contact information by completing a Name/Address Change Form*.

❖ 1A. EXAMINATION APPLICATION

- OR -

❖ 1B. NON-EXAMINATION EMPLOYMENT OPPORTUNITY

Title _____

Exam Number _____

Title _____

Department/Agency _____

❖ 2. NAME AND LEGAL RESIDENCE

First Name _____ Middle Initial _____ Last Name _____

Number and Street Address _____ City _____ State _____ ZIP _____

❖ 3. State your actual permanent residence and indicate how long you have resided there continuously, up to and including the date of this application.

	Years	Mos
3A. State of		
3B. County of		
3C. Town of		
3D. Village of		
3E. School District		

All of the above must be completed.

However, skip 3C, 3D, 3E, if legal residence is outside of Rockland County.

❖ 4. SOCIAL SECURITY NUMBER

□□□□ - □□□ - □□□□□□

If you are under 18 years old or applying for a law enforcement position, fill in your **Date of Birth** _____
MM/DD/YYYY

Phone Number _____

Email Address _____

YES, enroll me in email notifications from RC Dept. of Personnel regarding future examination announcements and/or job opportunities in Rockland County. I understand that if I am a provisional appointee, it is my responsibility to monitor exam announcements and apply for my position's examination when it is announced.

❖ 5. Check the appropriate box below if you require SPECIAL TESTING ARRANGEMENTS/REASONABLE ACCOMMODATIONS for testing.

- 5A. Religious observance. **Request for Religious Accommodation Form* must be submitted.**
- 5B. Disability - (e.g., Braille booklet, Amanuensis, Reader). **Request for Accommodation Form* must be submitted.**
- 5C. Active Military member – provide current orders and/or DD214. **Request for Alternate Examination Date Form* must be submitted.**
- 5D. Filing for examinations with other civil service jurisdictions being held on the same date. **Cross-Filer Form* must be submitted.**

❖ **6. Check the appropriate answer to each question**

- 6A.** Are you a United States Citizen?
(US Citizenship is **not** a requirement for employment except for public officer positions.)
YES NO (If YES, skip to question 6C)
- 6B.** If **NO** to 6A, do you have the legal right to accept employment in the US?
YES NO
If YES, provide your ALIEN Registration Number _____

- 6C.** Are you a retiree from New York State or any civil division thereof?
YES NO
- 6D.** Are you an Exempt Volunteer Firefighter as defined in NYS General Municipal Law Section 200?
YES NO
- 6E.** Are you a child or a sibling of a firefighter, police officer, emergency medical technician or paramedic killed in the line of duty?
(In accordance with Section 85-a of the NY State Civil Service Law)
(Provide necessary documentation for verification)
YES NO

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If you are making a claim for veterans credits with this application, please read **Information on Veterans Credits***, which details eligibility requirements.

In general, you must present documentary proof (DD214 Discharge Papers and Separation Documents) to our department prior to the establishment of the eligible list and you must meet the following criteria:

1. A citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Served anywhere in the United States Armed Forces (see definition 3 below) as ordered by the federal government.
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the Armed Forces of the United States; or received an other-than-honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury, or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits.
ARMED FORCES are defined as the Army, Navy, Air Force, Marines, Coast Guard, and all components thereof and the National Guard when in service for the United States pursuant to call as provided by law, "on a full-time duty basis other than active-duty training purposes".
4. Resident of New York State at the time of application and examination to claim veterans credit.

❖ **7. EXTRA CREDIT FOR VETERANS**
(If you are not eligible or do not wish to claim veteran credits, skip to question 8.)

- 7A.** Are you currently active in the military?
(Proof of current service must be submitted)
YES NO
What was your date of entry? _____
What is your expected date of separation? _____
- 7B.** I expect to receive or have already received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States and I otherwise meet the criteria set forth above.
YES NO

- 7C.** I have used veteran credits for appointment to a position in New York State or Local government.
YES NO
- 7D.** I wish to claim additional credits as a **NON-DISABLED** veteran.
(DD214 must be submitted with application)
YES NO
I wish to claim additional credits as a **DISABLED** veteran.
(DD214 and Disability Documentation must be submitted with application)
YES NO

❖ **8. Check appropriate answer to each question**

- 8A.** Were you ever dismissed or discharged from any employment for any reasons other than lack of work or funds, disability or medical condition?
YES NO
- 8B.** Did you ever resign from any employment to avoid dismissal?
YES NO
- 8C.** Did you ever receive a discharge from the Armed Forces of the United States which was "other than honorable" or which was issued under "other than honorable" circumstances?
YES NO
- 8D.** Have you ever been convicted of any crime (felony or misdemeanor)?
If YES, submit a **Summary of Disposition/Certificate of Relief**.
YES NO

- 8E.** Are you now under charges for any crime?
YES NO

A "YES" response to questions 8A – 8E does not represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you answered "YES" to questions 8A – 8C, you *may* give specifics below. If you elect not to provide or if such explanation is insufficient, a **Confidential Investigation Questionnaire will be forwarded to you under separate cover for your completion.**

Check HERE if you have provided this information previously with another application and there are no new occurrences or related information to report.

Date of last incident _____

EXPLANATION (Include details such as dates, locations, circumstances and disposition, if applicable): _____

EDUCATION AND TRAINING

For questions 9-10, make certain you answer all questions which pertain to requirements listed on the announcement for the examination for which you are applying, or set forth in the job specification for the position applied for. If in doubt, answer all questions.

❖ **9. EDUCATION:** PLEASE INSTRUCT YOUR INSTITUTION TO EMAIL OR FORWARD SEALED OFFICIAL TRANSCRIPTS DIRECTLY TO OUR OFFICE. (Unsealed student copies or unofficial copies submitted by mail or email will not be accepted.)

Do you have a High School Diploma? YES NO If "YES", year graduated _____ If "NO", give highest grade completed _____
Name/Location of High School attended _____

Or a High School Equivalency (GED) Diploma? YES NO
If "YES", provide date received _____ and Issuing Governmental Authority Document Number _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOLS

Name of School and Location	Attended Dates (Month/Year) from MM/YYYY to MM/YYYY	Did You Graduate? Y/N	Course of Study or Major Subject	Type of Degree Received	# of College Credits Received	Date Degree Received or Expected

OTHER SCHOOLS OR SPECIAL COURSES

If you have foreign educational credentials, they must be evaluated. See General Information Concerning Evaluation of Foreign Education and Training*.

Official transcripts previously filed YES NO Name of the institution _____

❖ **10. LICENSES, CERTIFICATES, OR PERMITS** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement or job specification for the position for which you are applying, complete the following and **attach a copy of the document**. If not licensed, do you have a temporary permit? YES NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From MM/DD/YYYY	To MM/DD/YYYY

Do you have a valid license to operate a motor vehicle in New York State? YES NO Class _____ Date License First Issued _____

Have you ever been employed by the County of Rockland or by any civil division therein? YES NO
Agency Name _____ Dates of Employment _____

❖ **11. DESCRIPTION OF EXPERIENCE.** ALL SECTIONS MUST BE FILLED OUT COMPLETELY; A RESUME IS NOT A SUBSTITUTE FOR A BLANK FIELD. Carefully read the minimum qualifications for the examination/employment opportunity for which you are applying. Fees will not be refunded if you do not meet established qualifications. List below all relevant work experience. Be specific in describing your experience relating to the minimum qualifications of the examination or non-examination employment opportunity for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. **Volunteer Experience Form* must be submitted to claim that experience.** If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. If more space is needed, attach additional information on an electronic document/additional copies of page 4.

Length of Employment	Company/Type of Business	Address	City and State
From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Provide a detailed description of your job duties.		
Your Exact Title			
Supervisor's Name			
Supervisor's Title			
Supervisor's Contact Number			
Hours worked per week (excluding overtime)			

Town of Orangetown

Town Hall • 26 West Orangeburg Road • Orangeburg, NY 10962
Telephone: (845) 359-5100



EMERGENCY CONTACT FORM

Employee Name: _____

Please Print

In the event of an emergency, I'm requesting that the following person be notified:

Name: _____

Relationship: _____

Address: _____

Email: _____

Cell Phone #: _____

Home Phone #: _____

If the above person is not available, the following person should be notified:

Name: _____

Relationship: _____

Address: _____

Email: _____

Cell Phone #: _____

Home Phone #: _____

Employee Signature

Town of Orangetown

Town Hall • 26 West Orangeburg Road • Orangeburg, NY 10962
Telephone: (845) 359-5100



Option to Join Retirement System

I, _____, as an employee of The Town of Orangetown was offered the option of enrolling in the New York State and Local Employees' Retirement System Pursuant to section 45 of the New York State Retirement and Social Security Law.

PLEASE CHECK THE APPROPRIATE BOX:

I choose to join the retirement system at this time.

I choose not to join the retirement system at this time.

Signature

Position Held

Date



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

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Received Date

Employees' Retirement System Membership Registration

RS 5420

(Rev. 11/22)

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

Social Security Number *

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Registration Number

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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? Yes 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? Yes 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: Town of Orangetown				Employer's Telephone: 845-359-5100											
Employer's Address: 26 W. Orangeburg Rd, Orangeburg, NY 10962				Employer's Fax Number: 845-359-9046											
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		Standard Workday [4]		For State Agency Use Only – Agency Code							
Month	Day	Year	Month	Day	Year	3	0	0	2	6					
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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Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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
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.	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. A noncitizen (other than Item Numbers 2. and 3. above) 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)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
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.					First Day of Employment (mm/dd/yyyy):
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			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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.

2025

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.)		

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 (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.)

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): 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	3	\$
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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)
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550