

ALL DOCUMENTS MUST BE IN INK (BLUE/BLACK)  
 No Pencil



VILLAGE OF  
**RIDGEWOOD**

Village of Ridgewood  
 Department of Parks and Recreation  
 259 North Maple Avenue  
 Ridgewood, NJ 07450



**SEASONAL APPLICATION FOR EMPLOYMENT**

PLEASE PRINT

Name Sample Person

Address 123 Street Name, Town

Email (main source of communication with staff) Your Email Not Parent

Cell Phone your cell phone Home Phone \_\_\_\_\_

Date of Birth (MM/DD/YYYY) 1/1/2011 Gender Male/Female

# for us  
 call you

CHECK ONE

I am interested in returning as If you worked in 2025 or before list position(s)  
Position held last year

I am interested in applying to be (Circle all areas of interest and number by preference)

only if you  
 we never  
 liked do  
 check this

- <sup>1</sup> Summer Camp Counselor
- <sup>3</sup> Graydon Pool Badge/Security
- Graydon Pool Maintenance
- Graydon Lifeguard (FT 40hrs/5day/week)
- Graydon Lifeguard (PT 24 hrs/min 3 days/week)
- Aquatics Staff (Swim Team/Swim Instructor)
- Parks Laborer
- <sup>2</sup> Concession (hired by concessionaire)

If you  
 pick more  
 than 1, please  
 # your preference

PLEASE LIST ALL CERTIFICATIONS AND EXPIRATION DATES

Certification	Issued Date	Expiration Date	Issuing Authority
CPR/AED	1/1/2020	1/1/2022	Red Cross
Basic First Aid			
Basic Lifeguard			
Waterfront Lifeguard			
Other Relevant Certs (EX: SCUBA/EMT/Babysitting)			

Please submit a copy of all certifications with this application. Expired certifications will not be accepted. There will be limited certification courses offered in the spring.

EDUCATION

High School HS Graduation Date 2025

College Univ Graduation Date 2029

REFERENCE (other than family or friend) Mr. Store Owner

Phone Number 123-4567 Relationship Previous Employer

Please attach any other documents or reasons why you think you would be a great candidate.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge.

Date 12/30/25

Signature Sample Person

Please let me know if you need any more information.

VILLAGE OF RIDGEWOOD  
BERGEN COUNTY, NEW JERSEY

CRIMINAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information of any criminal record that may be obtained through an investigative search concerning my employment with the Village of Ridgewood.

I HEREBY RELEASE THE Village of Ridgewood, their members and employees from any liability or damage which may result from furnishing the information requested.

APPLICANT NAME LAST Person FIRST Sample  
ADDRESS 123 Street Name  
Town, State, Zip Code (\*Important\*)  
DATE OF BIRTH 1/1/2011  
GENDER Male/Female (must put what is listed on legal docs)  
SOCIAL SECURITY# ###-##-####  
DRIVER'S LICENSE # Please write legibly A12345678 (Please write no license if you do not have one)  
STATE OF ISSUE Must list State EXPIRATION 11/31/2031  
TELEPHONE NUMBER 201-123-4567  
EMAIL ADDRESS your email (not parent)  
APPLICANT SIGNATURE Sample Person  
PARENTAL CONSENT (if under 18 years old) Parent signs if you are not 18 when signing

**VILLAGE OF RIDGEWOOD  
FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION STATEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

In processing my application for employment or continued employment, I understand that Village of Ridgewood may obtain or have prepared a consumer or investigative consumer report for employment purposes, concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, records of criminal convictions, or mode of living.

I understand that upon written request to Village of Ridgewood, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or employees of mine or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

By signing below, I am authorizing Village of Ridgewood to obtain a consumer or investigative consumer report on me as part of the Company's pre-employment background screening process. If I am offered employment by Village of Ridgewood, I further understand that this authorization shall remain on file and shall authorize the Company to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

I understand that if Village of Ridgewood obtains a consumer or investigative consumer report on me which may result in adverse employment action against me, I will be so notified and provided with a copy of the report and an opportunity to respond prior to any adverse action.

By my signature below, I also acknowledge that Village of Ridgewood has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): Sample Person \_\_\_\_\_

Signature of Applicant: Sample Person \_\_\_\_\_

Name of Parent - if applicant is under age 18 (please print): \_\_\_\_\_

Signature of Parent - if applicant is under age 18: \_\_\_\_\_

Date Signed: 12/30/25 \_\_\_\_\_

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

**2026**

Your withholding is subject to review by the IRS.

**Step 1: Enter Personal Information**

(a) First name and middle initial: Sample Last name: Person (b) Social security number: ###-##-####

Address: 123 Street Name

City or town, state, and ZIP code: Town, State, Zip

(c)  Single or Married filing separately  
 Married filing jointly or Qualifying surviving spouse  
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://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](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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

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

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

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

**Step 3: Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b> \$	
(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b> \$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$

**Step 4: Other Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$

**Exempt from withholding**  I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . .

**Step 5: Sign Here**

Sample Person 12/30/25  
Employee's signature (This form is not valid unless you sign it.) Date

**Employers Only**

Employer's name and address: **DO NOT FILL OUT** First date of employment: — Employer identification number (EIN): —





# Employment Eligibility Verification

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

U.S.C.I.S.  
**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) <b>Person</b>		First Name (Given Name) <b>Sample</b>		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) <b>123 Street Name</b>			Apt. Number (if any)	City or Town <b>Town</b>	State <b>NJ</b> ZIP Code <b>07000</b>	
Date of Birth (mm/dd/yyyy) <b>1/11/2011</b>	U.S. Social Security Number <b>###-##-####</b>	Employee's Email Address <b>YOUR Email!</b>		Employee's Telephone Number <b>YOUR #!</b>		
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 checked="" 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 <b>Sample Person</b>				Today's Date (mm/dd/yyyy) <b>12/30/25</b>		

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)		<b>Additional Information</b> <b>OUT</b>		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				First Day of Employment (mm/dd/yyyy):
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.			Today's Date (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).

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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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> <p style="font-size: 1.2em; margin-top: 10px;">* only if you have no photo document</p>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> <p style="font-size: 0.8em; margin-top: 10px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="font-size: 0.8em; margin-top: 5px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p><b>Acceptable Receipts</b></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"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

MUST BE SUBMITTED WITH DOC



Supplement A,  
Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
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**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

ONLY FILL OUT IF YOU USED  
A TRANSLATOR TO FILL OUT

# Authorization for Direct Deposit - Employee Form

This authorizes The Village of Ridgewood (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

## Account #1

Account #1 Type (check one)  Checking  Savings *Must check one*

Bank Name

Employee Bank Name

Bank Routing

Bank Routing # (ABA#)

your account #

Account#

All

Percentage or Dollar Amount to be Deposited to This Account

## Account #2 (remainder to be deposited to this account)

Account #2 Type (check one):  Checking  Savings

*only fill out if you are splitting between 2 accounts*

Employee Bank Name

Bank Routing # (ABA#)

Account#

*Either Attach a voided check or get a print out from your bank with information. This helps to make sure the correct #s are typed in and you get paid.*

*Please attach a voided check for each account here.*

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Sample Person

Signature

*Must be signed by parent or legal guardian if under 18 years of age.*

Sample Person

Printed Name

12/30/25

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

Ver. 041708 DD

*If you do not have an account you must either get one or use a parents. Direct Deposit is the only option.*