



## RETURNING STAFF EMPLOYMENT APPLICATION

Mail Completed Form To:

Young People's Day Camp of Queens  
32 Sherwood Drive  
Shoreham, NY 11786

### PERSONAL DATA

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cell#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### YOUNG PEOPLE'S EMPLOYMENT HISTORY

Number of Seasons With YPDC: \_\_\_\_\_ Camp Worked At: \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Age Groups Worked With: \_\_\_\_\_

Have you ever had your employment with a YPDC terminated? \_\_\_\_\_

Position Desired: \_\_\_\_\_ Age Group: \_\_\_\_\_

(Desired position & age group will be considered; actual placement is at the discretion of the directors and will be based upon the needs of the camp)

Current Licenses/Certifications: Teacher WSI Lifeguard EMT First Aid CPR

### CRIMINAL BACKGROUND

Have you been convicted of a crime or criminal act? \_\_\_\_\_

If yes please provide details on a separate sheet of paper and attach.

### RELEASE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN, INCLUDING ANY CHECKS OF CRIMINAL RECORDS; AND RELEASE THE CAMP AND ALL OTHERS OF LIABILITY IN CONNECTION WITH THE SAME. I UNDERSTAND THAT IF EMPLOYED, I WILL BE AN AT-WILL EMPLOYEE UNLESS THERE IS AN AGREEMENT OR LAW THAT ALTERS THAT STATUS. FURTHERMORE, I UNDERSTAND THAT ANY AGREEMENT MUST BE IN WRITING AND SIGNED BY THE DESIGNATED CAMP OFFICIAL. I ALSO UNDERSTAND THAT MISREPRESENTATIONS OR FALSIFICATIONS HEREIN OR IN OTHER DOCUMENTS COMPLETED OR SUBMITTED BY THE APPLICANT WILL RESULT IN DISMISSAL, REGARDLESS OF THE DATE OF DISCOVERY BY THE CAMP.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### NOTE

Young People's Day Camp of Queens is committed to providing equal opportunity employment opportunities to candidates and employees without regard to race, religion, creed, age, sex, height, weight, marital status, and/or disability unrelated to an individual's ability to perform adequately, national origin, citizenship, ancestry, or any other characteristic protected by law.

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____		
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
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<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____		
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____		
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____		
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____		
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



**ALLERGIES:** List all known allergies. Describe reaction and management of reaction. Attach additional pages for more allergies.

<b>Medication Allergies</b>	<b>Describe reaction and management of reaction.</b>
_____	_____
_____	_____
<b>Food Allergies</b>	
_____	_____
_____	_____
<b>Other Allergies</b>	<b>Include insect stings, hay fever, asthma, animal dander, etc.</b>
_____	_____
_____	_____

**MEDICATIONS BEING TAKEN:** Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis OR  This person takes medications as follows:

<b>Medication #1</b> _____	<b>Dosage:</b> _____	<b>Specific Times Taken Each Day:</b> _____
<b>Reason for Taking:</b> _____		
<b>Medication #2</b> _____	<b>Dosage:</b> _____	<b>Specific Times Taken Each Day:</b> _____
<b>Reason for Taking:</b> _____		

Attach additional pages for more medications.  
Identify any medications taken during the school year that participant does/may not take during the summer:

**GENERAL HEALTH HISTORY:** Please complete the below health history. Explain "Yes" answers below. Attach additional pages for more information.

HAS/DOES THE PARTICIPANT:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____	16. Ever had back problems?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
3. Ever been hospitalized?	_____	_____	18. Have an orthodontic appliance being brought to camp?	_____	_____
4. Ever had surgery?	_____	_____	19. Have any skin problems (e.g., itching, rash, acne)?	_____	_____
5. Have frequent headaches?	_____	_____	20. Have diabetes?	_____	_____
6. Ever had a head injury?	_____	_____	21. Have asthma?	_____	_____
7. Ever been knocked unconscious?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
8. Wear glasses, contacts, or protective eyewear?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
9. Ever had frequent ear infections?	_____	_____	24. Have problems with sleepwalking?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
12. Had seizures?	_____	_____	27. Ever had an eating disorder?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			

Please explain any "yes" answers, noting the number of the questions (attach additional sheets as necessary).

Which of the following has the participant had?	Please give all dates of immunization for:	
<input type="checkbox"/> Measles	<i>Vaccine</i>	<i>Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr</i>
<input type="checkbox"/> Chicken Pox	<b>DTP</b>	_____
<input type="checkbox"/> German Measles	<b>TD (tetanus diphtheria)</b>	_____
<input type="checkbox"/> Mumps	<b>Tetanus</b>	_____
<input type="checkbox"/> Hepatitis	<b>Polio</b>	_____
	<b>MMR</b>	_____
<b>TB Mantoux Test</b>	or Measles	_____
Date of last test : _____	or Mumps	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	or Rubella	_____
	<b>Haemophilus influenza B</b>	_____
	<b>Hepatitis B</b>	_____
	<b>Varicella (chicken pox)</b>	_____
	<b>BCG</b>	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. In addition please list any medical restrictions to diet or physical activities (attach additional sheets as necessary).

Signature of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT A COMPLETED HEALTH FORM ON FILE.**