Memorandum

To: All Applicants for Substitute Employment
From: Human Resources
Subject: Information on Substitute Employment

Hello. Thank you for your interest in working for the Longwood Public Schools. Given the size of our District, we are continually looking for qualified substitute employees to provide his/her services when our employees are absent. By accessing this packet you are making the first steps towards becoming part of the Longwood team.

Accordingly, in this packet of information are the following three (3) sets of documents (11 pages):

1. Substitute Application
2. Federal Tax form (W-4)
3. Reference Forms (3)

All of these documents must be completed and returned to the address on the bottom of the Substitute Application. If you are selected for continued on-boarding, you will be contacted by a representative from Eastern Suffolk BOCES who assists the District with the hiring of substitute employees.

Should you have any questions, I encourage you to access our website at http://www.longwood.k12.ny.us/ or contact the Human Resources office at above phone number.

Best of Luck with your Future Endeavors.
LONGWOOD CENTRAL SCHOOL DISTRICT
35 Yaphank-Middle Island Road
Middle Island, New York 11953-2373
631-345-5896

Substitute Application

PLEASE PRINT CLEARLY & COMPLETE IN INK

Last Name: ___________________________ First Name ___________________________ MI ______
Street Address: ___________________________
City: ___________________________ State ______ ZIP: ____________
Home Phone: ( ___________ ) _______ _______ □ Best Number □ Cell Phone ( ___________ ) _______ _______ □ Best Number □ Best Number
When can you start work? ___________________________ E-mail: ___________________________

Person to be notified in the event of an emergency: Name: __________________ Telephone: __________________

What language(s) other than English do you speak fluently? □ No □ Yes If yes: __________________

Do you have a New York State Teacher's Certificate? □ Yes □ No
If No, when will your certificate requirement will be completed on or about: __________________
If Yes, please list subjects for which you are certified: __________________
Registered Professional Nurse □ Yes □ No If yes, provide number __________________

EDUCATIONAL PREPARATION

Name of School ___________________________ Degree ___________________________
Year of Grad. ___________________________ Major & Minor ___________________________
College: ___________________________

Other Courses: ___________________________

Volunteer Fire Fighter □ No □ Yes (proof required) Veteran □ No □ Yes
Are your fingerprints on file with the New York State Education Department: □ No □ Yes □ Unsure

REFERENCES
(List 3 recent persons who have supervised your work)

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March 2016
Additional Applicant Information

Have you previously worked for Longwood? □ No □ Yes If yes, state job and when ____________________________

Are you related to any employees in the school district? □ No □ Yes If yes, state name and relationship below: ____________________________

NOTICE TO ALL APPLICANTS

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of my employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize Longwood CSD for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the school district to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omission on this application may prevent my application from being evaluated and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

Print Applicant’s Name ____________________________ Applicant’s Signature ____________________________ Date ____________________________

Additional Space

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Please return to:
Substitute Service/Longwood CSD
c/o Eastern Suffolk BOCES
379 Locust Avenue
Oakdale, NY 11769

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www.longwood.k12.ny.us

March 2016
Applicant’s Statement

Please describe an experience(s) or ability(ies) you possess which you believe will be of use in the position you seek. You may also use this space to provide additional information relative to your qualifications for this position.
Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

W-4

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Whether you’re 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.

Form W-4

Department of the Treasury
Internal Revenue Service

2019

1 Your first name and middle initial

Last name

2 Your social security number

3 Single Married Married, but withhold at higher Single rate.

Note: If married filing separately, check "Married, but withhold at higher Single rate."

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 800-772-1213 for a replacement card.

□

5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

□

7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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

This form is not valid unless you sign it.

Date

8 Employer’s name and address (Employer: Complete boxes 9 and 10 if sending to IRS and complete boxes 9, 8, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
# Employee’s Withholding Allowance Certificate

**New York State • New York City • Yonkers**

**IT-2104**

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<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your social security number</th>
</tr>
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</table>
| Permanent home address (number and street or rural route) | Apartment number | Single or Head of household ✡ Married ✡
| City, village, or post office | State | ZIP code |
| Are you a resident of New York City? ✡ No ❌ | Are you a resident of Yonkers? ✡ No ❌ |

Complete the worksheet on page 3 before making any entries.

1. Total number of allowances for New York State and Yonkers, if applicable (from line 20) ............ 1
2. Total number of allowances for New York City (from line 39) ........................................ 2

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3. New York State amount ................................................................. 3
4. New York City amount ................................................................. 4
5. Yonkers amount ......................................................................... 5

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

Employee’s signature ___________________________ Date _____________

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

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

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

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

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

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

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

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

**Employer’s name and address:** (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)

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**Instructions**

Changes effective for 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

Who should file this form

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

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn $107,650 or more during the tax year.
- The total income of you and your spouse has increased to $107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
Substitute Reference Check Form

The person named below has applied for a position in our school district. It is a requirement of our employment practice to obtain three (3) different reference checks from individuals who know the applicant personally. To this end, we request that you place a check mark in the appropriate columns and return this form to us. Your response will be treated as confidential information. Thank you for your assistance.

Applicant’s Name: ________________________________
Position Applying for: ________________________________

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www.longwood.k12.ny.us
Community Unity...Be A Part Of The Pride
### Personal Qualifications

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### Additional Comments Regarding Candidate (Attach Addition Sheet(s) as needed)

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__________________________________________________________________________

If you were in an employment arrangement with our applicant, would you hire, rehire him/her? [ ] Yes [ ] No

How long have you known this person in his/her related position? ____________________________________________________________

Your Full Legal Name __________________________ Position of Evaluator __________________________

Signature of Evaluator __________________________ Placement of Employment __________________________

Date __________________________ Contact Phone Number __________________________

Return Directly to: Substitute Teacher Service/Longwood CSD
c/o Eastern Suffolk BOCES
379 Locust Avenue
Oakdale, NY 11769

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**Signature of Evaluator** ________________________________ **Placement of Employment** ________________________________

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<td>Self-directed</td>
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<td>Deals rationally with problems</td>
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<td>Dependable and reliable</td>
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<td>Has an interest in growth and welfare of children</td>
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**Additional Comments Regarding Candidate** (Attach Addition Sheet(s) as needed)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If you were in an employment arrangement with our applicant, would you hire, rehire him/her? □ Yes □ No

How long have you known this person in his/her related position? __________________________

Your Full Legal Name __________________________ Position of Evaluator __________________________

Signature of Evaluator __________________________ Placement of Employment __________________________

Date __________________________ Contact Phone Number __________________________

Return Directly to: Substitute Teacher Service/Longwood CSD
c/o Eastern Suffolk BOCES
379 Locust Avenue
Oakdale, NY 11769

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www.longwood.k12.ny.us
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