

Hello,

Thank you for your interest. Please complete and return each of the originals. Please return them to:

The Park at East Hills  
209 Harbor Hill Road  
East Hills, NY 11576

If you are under 18 years of age, you must submit a copy of your working paper and please have a parent or guardian sign next to your signature on the release authorization and credit report disclosure pages. Also, your application must be returned with A or B of the following: A) copy of your driver's license and passport or B) copy of your driver's license and social security card. If you are applying for the lifeguard position, please include legible copies of your certifications. **You must be Nassau County certified and your CPR/AED certification must be up to date.**

If you have any questions, our office can be reached at 516-484-9800. We are open 9am-4:30pm Monday -Friday.

Thank You,  
Park Office



For Office Use  
Date Received \_\_\_\_\_

## EMPLOYMENT APPLICATION

CHECK: Permanent ☐ Part Time ☐ Seasonal ☐

### POSITION APPLYING FOR \_\_\_\_\_

Please Print or Type. APPLICANTS UNDER 18 ARE REQUIRED TO HAVE WORKING PAPERS.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home): \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Do you possess a valid NY State Driver's License? \_\_\_\_\_ Class \_\_\_\_\_

Education: College \_\_\_\_\_ 1 2 3 4 Degree \_\_\_\_\_ High School \_\_\_\_\_ 1 2 3 4

College/University Name: \_\_\_\_\_

### CHECK YOUR AREAS OF EXPERIENCE

#### MAINTENANCE

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Lawn Care   | <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Engine repair |
| <input type="checkbox"/> Flower Care | <input type="checkbox"/> Electrical  | <input type="checkbox"/> Ball Fields   |
| <input type="checkbox"/> Carpentry   | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Painting      |
| <input type="checkbox"/> Other _____ |                                      |  |

#### RECREATION

Ability to teach the following:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Tennis     | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Dramatics      |
| <input type="checkbox"/> Music      | <input type="checkbox"/> Horticulture    | <input type="checkbox"/> Nature Program |
| <input type="checkbox"/> Gymnastics |  |   |

#### OFFICE SKILLS

Typing (WPM) \_\_\_\_\_ Shorthand (WPM) \_\_\_\_\_ Filing \_\_\_\_\_ Word Processing \_\_\_\_\_

**LIFEGUARD** (CPR/AED and Nassau County Certification required: Attached copies of all certifications)

#### CERTIFICATION

First Aid Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ CPR Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ AED Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Nassau County Certification Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ WSI Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
American Red Cross Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ CPO Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Other Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

#### List Dates/Times Available

Full-time From \_\_\_\_\_ to \_\_\_\_\_

Part-time From \_\_\_\_\_ to \_\_\_\_\_

Classes at my school begin on (date) \_\_\_\_\_ Last Day Able to Work: \_\_\_\_\_

**Uniforms Sizes:****Park Attendants**

T- Shirts Size: \_\_\_\_\_

**Lifeguards Only**

Bathing Suit: \_\_\_\_\_ T- Shirt: \_\_\_\_\_ Shorts: \_\_\_\_\_

**Education**

Start with High School and proceed chronologically

Years	School	Address	Degree/Major

**Past Employment**

List employment chronologically from the most recent

Dates	Employer	Supervisor	Phone	Type of Work

**References**

Three required. Please, no friends or family members

Name	Phone	Address	Relationship

List any special qualification, experience and/or training you possess that is/are useful in the performance of the job you seek.

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Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from employment.)

\_\_\_ No \_\_\_ Yes If yes, give location, date, charge and disposition of case(s) on a separate sheet and attach in envelope marked "Personal".

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm that all statements made on this application (including any attached papers) are true and complete under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is denied or terminated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED. "I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by the Village of East Hills for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Village Clerk at the Village of East Hills Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for The Village of East Hills to conduct a background check on my child/ward as a condition of Seasonal Employment with The Village of East Hills.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

**The Village of East Hills is an Equal Opportunity Employer**

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

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

Position: \_\_\_\_\_

#### Additional Questions for Candidates

1) When are you available to start working?

2) Do you need time off during the summer?

3) What is your last day that you are available to work?

4) Do you understand and agree that if you are hired you will be given a set schedule for the summer?

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Notes:

# Inc. Village of East Hills



## Pre-employment Checklist for Seasonal Employees

- ☐ CSX-1 Nassau County Civil Service Application
- ☐ CSX- 2.2 Confidential Supplement to Employment Application
  
- ☐ Disclosure regarding procurement of a Consumer Report
- ☒ Summary of Your Rights Under Fair Credit Reporting Act
- ☐ Release Authorization
  
- ☐ Form W-4
- ☐ Form I-9
- ☐ New York State Retirement Waiver

NASSAU COUNTY CIVIL SERVICE COMMISSION  
40 MAIN STREET, HEMPSTEAD, N.Y. 11550  
EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EXAMINATION OR EMPLOYMENT  
(FOR EXAMINATION - USE FOR ONLY ONE DATE - MAXIMUM OF 3 EXAMS)

ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

PRINT IN INK OR TYPE  
PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You must notify this Commission immediately -- in writing -- of any change of name or address.)

LAST NAME		FIRST NAME	M.I.
STREET ADDRESS			
POST OFFICE		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) - EXPLAIN UNDER #20			

2. TELEPHONE NO. HOME ( )

BUSINESS ( )

3. SOCIAL SECURITY NO. / /

4. DO YOU POSSESS A VALID N.Y. STATE MOTOR VEHICLE LICENSE?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	If "YES" indicate class:
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IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.

5. HAVE YOU EVER APPLIED FOR ANY EXAMINATIONS ADMINISTERED BY THE NASSAU COUNTY CIVIL SERVICE COMMISSION?

YES	NO	(If "YES" give details under No. 20)
<input type="checkbox"/>	<input type="checkbox"/>	

**6. RESIDENCE (PROOF MAY BE REQUIRED)**

List here your actual, permanent, legal address, for the last five years, including the dates (month and year) that you lived there. Consult official announcement to ensure that you meet any residency requirements before filing.

CITY OR VILLAGE	TOWN	COUNTY	STATE	FROM Mo./Yr.	TO Mo./Yr. Present

REC'D. BY _____	VETERANS CREDITS	SPECIAL ARRANGEMENTS
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Fee Paid

CK/MO #

AMT

PA #

REC'D. BY

CSX-1 REV. 4/98

CS-5087.REV. 4/98

**18. EXPERIENCE:** Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that (if not employed during part or all of last 5 yrs., so state). In addition, you MUST:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of work force supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 1/2 x 11 sheets of paper.
6. **THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.**

(a) Employer - Name and address	Type of Business	Dates you worked there		Hours worked Per Week	Name and title of your supervisor
From (Mo./Yr.)	To (Mo./Yr.)				
Duties:					
Your title:					
Reason for leaving:					
(b) Employer - Name and address	Type of Business	Dates you worked there		Hours worked Per Week	Name and title of your supervisor
From (Mo./Yr.)	To (Mo./Yr.)				
Duties:					
Your title:					
Reason for leaving:					
(c) Employer - Name and address	Type of Business	Dates you worked there		Hours worked Per Week	Name and title of your supervisor
From (Mo./Yr.)	To (Mo./Yr.)				
Duties:					
Your title:					
Reason for leaving:					
(d) Employer - Name and address	Type of Business	Dates you worked there		Hours worked Per Week	Name and title of your supervisor
From (Mo./Yr.)	To (Mo./Yr.)				
Duties:					
Your title:					
Reason for leaving:					

NOTE: Your application cannot be processed until Form CSX2 1 or CSX 2 2 is filed. Submit appropriate form directly to this office. (Do NOT submit form CSX 2 2 to appointing officer.) Each application is reviewed in relation to the employment or examination involved.

19. **DECLARATION:** I declare, subject to the penalties of perjury, that all statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

(Applicant signature) \_\_\_\_\_ (Date) \_\_\_\_\_



# VETERANS CREDITS

Complete this section ONLY if you wish to claim veterans credits AND if you have not used veterans credits for appointment to a position in NY State since 1/1/51.

For the purpose of claiming veterans credits on a civil service examination, you must have served, or currently serve, on active duty - for purposes other than training - in the Armed Forces of the United States at any time during the following "time of war" periods:

WWII - 12/7/41 - 12/31/46  
 Korea - 6/27/50 - 1/31/55  
 Vietnam - 2/28/61 - 5/7/75  
 Persian Gulf - 8/2/90 -  
 U.S. Public Health Service  
 7/29/45 - 12/31/46  
 6/27/50 - 7/03/52

In addition, you must:

- (a) Be an Honorably Discharged Veteran - or released under honorable conditions. (You must submit proof via form #DD214) OR;
- (b) Be currently on active duty - for purposes other than training. (Proof must be by military ID or orders). You will be notified later as to how to provide proof of Honorable Discharge or release under honorable conditions.

15. Have you used veterans credits for appointment to a position in N.Y. State since 1/1/51? (If so, you may not claim them again!) ☐ Yes ☐ No

16. Do you wish to claim regular veterans credits? ☐ Yes ☐ No

17. Do you wish to claim DISABLED veterans credits? (You must be receiving payments from the U.S. Dept of Veterans Affairs for a service-connected disability rated at 10% or more, and incurred during a "time of war" period listed above) ☐ Yes ☐ No

17a. Do you wish to claim additional credits under Section 85a or 85b? ☐ Yes ☐ No (consult official announcement for specifics)

College education from a foreign country must be evaluated by an accredited evaluation service, and an original report sent by them to this office.

("YES" answers to the following questions must be explained under number 20)

7. Do you object to this commission making inquiry about your character and qualifications from your present employer? ☐ Yes ☐ No
8. Have you ever had a drivers license suspended or revoked? ☐ Yes ☐ No
9. Have you received any summons for traffic violations within the past three years? ☐ Yes ☐ No
10. Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? ☐ Yes ☐ No
11. Are there any criminal charges pending against you at this time? ☐ Yes ☐ No
12. Were you ever dismissed from employment for reasons other than reduction in staff? ☐ Yes ☐ No

NOTE: IF YOU WERE EVER FINGERPRINTED OR INVESTIGATED BY THIS COMMISSION, YOU MUST GIVE DETAILS (DATE AND POSITION APPLIED FOR) UNDER # 20

13. DO YOU HAVE A LICENSE OR CERTIFICATE TO PRACTICE A TRADE OR PROFESSION: (If Yes, and if required for this position/exam, you must attach a photocopy) ☐ Yes ☐ No

## 14. EDUCATION:

Note: If special coursework is required for this position/exam, you must give details (Title, date completed, school/agency attended, etc.) under question # 20.

A. Do you have a High School or Equivalency Diploma?

☐ Yes - Name & Location of H.S. or issuing authority \_\_\_\_\_

☐ No - indicate grade completed \_\_\_\_\_

B. Was proof ever submitted to this office? ☐ Yes ☐ No

NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.

Type of School	Name and Location	Dates Attended From (Mo./Yr.) - To (Mo./Yr.)	Type of Course/Major	Did you Graduate?	Date Degree/Diploma Received	No of Credits Received	Type of Degree	Was Proof Submitted to This Office? Yes (date) or No
College, University, Professional, Technical, or Trade		-		Y or N				Y or N
		E		Y or N				Y or N
		E		Y or N				Y or N
		E		Y or N				Y or N

20. Use this space to explain "yes" answers to questions 7-12, and for details of special coursework, where required.  
Do not use for additional information regarding experience. Rather, attach additional 8 1/2 x 11 sheets of paper for that purpose.

APPOINTING AUTHORITY INFORMATION			
1. <u>Name and Address</u> : County Department, Town, Village, School or Special District.		3. <u>Jurisdictional Classification</u> : (per CS-4): <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor <input type="checkbox"/> Exempt	
2. I have reviewed the qualifications listed above by the applicant whose signature appears in item 19, and I nominate the applicant for appointment to <div><div>Title of Position</div><div>EL-2(DATE)GRADESTEP</div><div>Date Employment Begins</div></div>		4. <u>Type of Appointment</u> COMPETITIVE: <input type="checkbox"/> Provisional Appointment <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Provisional Promotion <input type="checkbox"/> Full time <input type="checkbox"/> Other <input type="checkbox"/> Temporary	
Cs-4(II) EL-2(DATE)GRADESTEP NOTE: If candidate is currently employed by another governmental jurisdiction in Nassau County give details under number 20, above.		5. <u>CODES</u> (necessary for processing this application, and found on CS-4): TITLE DEPARTMENT	
6. (DATE) SIGNATURE OF APPOINTING OFFICER		NAME & TITLE OF APPOINTING OFFICER (PRINT)	

# INCORPORATED VILLAGE OF EAST HILLS

MAYOR  
MICHAEL R. KOBLENZ

DEPUTY MAYOR  
LINDA A. NATHANSON

TRUSTEES  
GARY LEVENTHAL  
EMANUEL ZUCKERMAN  
PETER J. ZUCKERMAN



VILLAGE ATTORNEY  
WILLIAM C. BURTON, ESQ.

VILLAGE CLERK-TREASURER  
DONNA GOOCH

## Memo

To: All Village of East Hills Employees

From: Sue Gautier Payroll Dept

Please be advised that all employees who are on the payroll have the option of joining the New York State Retirement System.

Please sign and date the bottom of this form as to which option you choose and return it as soon as possible to Sue in the Village Hall office.

I would like to join the New York State Retirement System.

---

I decline the option to join the New York State Retirement System.

---

**CONFIDENTIAL SUPPLEMENT  
TO EXAMINATION APPLICATION**

Your application cannot be processed by the Civil Service Commission until this form has been received.

All questions must be answered or application will not be processed.

Complete this form and attach it to your application form (CSX-1).

**NASSAU COUNTY CIVIL SERVICE COMMISSION**

**40 MAIN STREET, HEMPSTEAD, N.Y. 11550**

**PRINT IN INK OR TYPE  
PHOTOCOPY/FAX NOT ACCEPTABLE**

21. Name (Last, First, Initial)

22. Examination #: \_\_\_\_\_

Title: \_\_\_\_\_

23. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

24. The following information is needed in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment application.

A. Race/Ethnicity:

1. \_\_\_\_\_ White (not of Hispanic origin)
2. \_\_\_\_\_ Black (not of Hispanic origin)
3. \_\_\_\_\_ Hispanic (regardless of race)
4. \_\_\_\_\_ Other \_\_\_\_\_

B. Sex: ☐ Male ☐ Female

25. Are you a citizen of the United States? (Proof of citizenship or alien status may be required)

☐ Yes

☐ No

**26. SATURDAY RELIGIOUS OBSERVER, AND/OR ACTIVE MILITARY, AND/OR SPECIAL ACCOMMODATIONS:**

Most written tests are held on Saturdays. If you are a religious observer and you cannot be tested on the announced date you must complete the appropriate form. \* If you are active in the Military you must provide documentation. \* A reasonable accommodation can be provided, for persons with a disability (including temporary disability), to take a test. You must, on a separate sheet of paper, describe the accommodation you need and include documentation/justification for your request. \*

**\*YOU ARE RESPONSIBLE** to write to the Nassau County Civil Service Commission (Attention Recruitment) or call them at (516) 572-2702, no later than three days after the last day for filing applications, for the necessary arrangements. Failure to follow these instructions may preclude us from providing to you the requested assistance.

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION**

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

All Last Names By Which Applicant Has Been Known (Please Print): \_\_\_\_\_

I hereby authorize the release of the following records to the Nassau County Civil Service Commission: Employment; Education; Motor Vehicle; Armed Services; Credit; Criminal; Probation/Parole; Tax; Student Loan.

This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.

I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my background, experience, and qualifications for the position(s) of employment which I am seeking and my merit and fitness for public service, and I hereby authorize such release and disclosure.

I understand that nothing contained in this authorization shall be deemed or construed to limit or prohibit the Nassau County Civil Service Commission from obtaining information and/or documents which are a matter of public record.

Applicant's Signature: \_\_\_\_\_

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

**A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL THEREOF**

**NOTICE**

The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §50(3), Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information will be maintained by the Nassau County Civil Service Commission and will be utilized to determine whether the applicant possesses the requisite background, experience, and qualifications for the position(s) he/she is seeking and his/her merit and fitness for public service. This information will be utilized in accordance with relevant State and Federal laws. Failure to provide this information may result in your being disqualified from taking the examination, or after examination, from being certified from the eligible list or appointed to the position sought.

**NOTE: SEE MEDICAL RELEASE (OVER) - REQUIRED FOR ALL EXAMS FOR NASSAU COUNTY DEPARTMENTS  
(AND ANY POLICE OFFICER EXAM)**

**TO BE COMPLETED BY ALL APPLICANTS SEEKING EMPLOYMENT WITH  
THE COUNTY OF NASSAU (OR ANY POLICE OFFICER POSITION)**

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS  
TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION**

**NOTICE**

No information will be sought pursuant to this authorization until such time as a conditional offer of employment has been extended to the applicant on behalf of the County of Nassau. This authorization does not apply to potential employment with municipalities other than the County of Nassau. The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §§50(3), 50(4), and 55-a, Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information is being sought to determine whether the applicant is able to perform the job-related functions of the position(s) to which he/she is seeking appointment. This information will be maintained and utilized by the Nassau County Civil Service Commission in accordance with relevant State and Federal laws. Failure to provide this information may result in your disqualification from appointment to the position(s) sought.

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

All Last Names by Which Applicant Has been Known (Please Print): \_\_\_\_\_

I hereby authorize the release to the Nassau County Civil Service Commission of all records pertaining to my physical and psychological health, including but not limited to medical records, hospital records, insurance records, x-ray and MRI films and any other records or materials pertaining to any diagnostic tests or procedures, intake sheets, prescriptions, bills and invoices.

This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.

I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my ability to perform the duties of the position to which I am seeking appointment, and I hereby authorize such release and disclosure.

Applicant's Signature: \_\_\_\_\_

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

**A PHOTOCOPY OF THIS AUTHORIZATION  
WILL BE VALID AS AN ORIGINAL HEREOF**

# Fair Credit Reporting Act

## Candidate Notice and Disclosure

The Village of East Hills will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form.  
I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name.		Last	First	Middle
Current Address		City	State	Zip Code
(FOR IDENTIFICATION PURPOSES ONLY)		Social Security Number		Date of Birth
Signature		Today's Date		

GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.

For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.

☐ I request a free copy of the report.



## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

### For Questions or Concerns Regarding:

CRAs, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

### Please Contact:

Federal Trade Commission  
Bureau of Consumer Protection FCRA  
Washington, DC 20580 202-326-3761

Office of the Comptroller of the Currency  
Compliance Management, MS 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve Board  
Consumer & Community Affairs  
Washington, DC 20551 202-452-3693

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 800-842-6929

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation  
Compliance & Consumer Affairs  
Washington, DC 20429 800-934-FDIC

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 202-366-1306

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20205 202-720-7051

# Candidate Release Authorization

ADP

Screening and  
Selection Services

- I. In connection with my application for employment or continued employment at The Village of East Hills, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. ☐ The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by The Village of East Hills or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to The Village of East Hills. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: ☐ Male ☐ Female Race: ☐ Asian ☐ Black or African American ☐ White ☐ Hispanic or Latino ☐ Other

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date  
If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES SEPARATE FROM PERSONNEL RECORDS.



## STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.