



Town & Village of Waterbury

Returning Seasonal Employment Application

***Resume required for all full time positions*

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

(For full-time and public works positions)
Are you over the age of 18? YES NO

Previous Employment

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Waterbury Municipal Offices - 28 North Main Street Suite #1 - Waterbury, VT 05676

(802) 244-7033

www.waterburyvt.com

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

VT Form HC-2	DECLARATION OF HEALTH CARE COVERAGE	This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.
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Employer: This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer's Legal Name *(Please print)* Town of Waterbury

Employee: Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name <i>(Please print)</i>	
Employee ID or Social Security Number	Date of Birth

Will the employee be under the age of 18 for the entire calendar year? YES NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

1. My employer offers health care coverage to me.

I have accepted the health care coverage offered and provided by my employer.

2. My employer offers health care coverage to me, and I have not accepted my employer's coverage.

I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.

My coverage is provided through: _____

I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.

I have Medicaid.

I have no health care coverage.

3. My employer does not offer health care coverage to me.

I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I have health care coverage that offers hospital and physicians services.

My coverage is provided through: _____

I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.

I have no health care coverage.

I certify the above information is accurate and true to best of my knowledge and belief.

Employee Signature _____ **Date** _____

Note: If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.

Town of Waterbury Background Check Form
 28 North Main Street Suite #1
 Waterbury VT 05676
 (802) 244-7033
 accounting@waterburyvt.com

VERMONT CRIMINAL INFORMATION CENTER VULNERABLE POPULATIONS PROGRAM VERMONT RELEASE FORM				
Qualified Entity	Waterbury Recreation Department			
Applicant	First Name:			
	Middle Name:			
	Last Name:			
Maiden or Alias Name(s)				
Social Security #				
Place of Birth	City/Town		State	Country
Date of Birth	Month	Day	Year	
Applicant's Telephone #	Include Area Code and Number			
RELEASE				
I acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to the Town of Waterbury Recreation Department for use in reviewing my suitability for employment or program vendor. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.				
Signature of Applicant				Date

**AUTHORIZATION AGREEMENT
DIRECT DEPOSIT (ACH CREDITS)**

I (we) hereby authorize Town/Village of Waterbury, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

Financial Institution Name

Location-City/State

YOU MUST CHECK ONE () **Checking Account** () **Savings Account**

(Your Bank Account Number)

(Bank Routing Number/ABA Number)

VERIFY YOUR BANK ACCOUNT & ROUTING NUMBERS WITH YOUR BANK!

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) or its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print your name

Signature

Date

Telephone Number (daytime)

Email

Vermont Department of Taxes
Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.
To be filed with your employer.

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> Married, but withhold at higher single rate

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. **1.** _____
2. Enter "1" if you are filing jointly and your spouse does not work **2.** _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT **3.** _____
4. Enter "1" if you plan to file as "head of household". **4.** _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) **5.** _____
6. Enter an additional amount, if any, you want withheld from each check. **6.** _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. _____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.	
Employee's Signature	Date

This form may be photocopied as needed.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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, when to use the estimator at www.irs.gov/W4App, and [privacy](http://www.irs.gov/privacy).

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ **Date**

Employee's signature (This form is not valid unless you sign it.)

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Optional State of Vermont Deferred Compensation Plan

For more details go to:

<http://vermont.retirepru.com/About-the-Plans.aspx>

Or contact

Gilles Owen, CMFC®

Retirement Education Counselor | State of VT

Prudential Retirement

Cell: (802) 622-4240 | Email: gilles.owen@prudential.com

If you are interested in signing up for this retirement plan come and see Michelle at the office.