



P.O. Box 99, Atlantic Beach, N.Y. 11509  
 (516 ) 239 - 6700 sunandsurfbeachclub@gmail.com

**For Office Use Only:**

|             |                |            |
|-------------|----------------|------------|
| Dept: _____ | File# _____    | Rate _____ |
| Date _____  | Position _____ |            |

# Application for Employment

## PERSONAL INFORMATION:

|                        |                     |                   |                 |
|------------------------|---------------------|-------------------|-----------------|
| Last Name              |                     | First Name        | MI              |
| Social Security Number |                     | Date of Birth     | # of Dependents |
| Permanent Address      |                     | City              | State Zip Code  |
| Summer Address         |                     | City              | State Zip Code  |
| Permanent Phone Number | Summer Phone Number | Cell Phone Number | E-mail Address  |

## EDUCATION / PAST EMPLOYMENT

|                            |      |       |  |                                |
|----------------------------|------|-------|--|--------------------------------|
| School Currently Attending | City | State | Last Yr. Comp. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | Major                          |
| Previous Employer (1)      | City | State | Work Description   | Dates of Employment / / to / / |
| Previous Employer (2)      | City | State | Work Description   | Dates of Employment / / to / / |

## EMPLOYEE INFORMATION

|   |  |   |               |                              |
|---|--|---|---------------|------------------------------|
| Position Applied For                      | Were you previously employed by us? <input type="radio"/> Yes <input type="radio"/> No | Are you currently a club member? <input type="radio"/> Yes <input type="radio"/> No | if yes, when? | if yes, cabana or locker num |
| List any Special Skills or Qualifications |  | List any Friends or Relatives Employed by us  |               |                              |
| In Case of Emergency Notify (1)           | Phone Number   | In Case of Emergency Notify (2)   | Phone Number  |                              |

## EMPLOYEE VERIFICATION

Positions are contingent upon your ability to work from Memorial Day weekend to Labor Day (on weekends during the month of June until school is completed). Since our business is a summer recreational facility it is not possible to give time off for summer vacations, camps, trips or other events. I understand and agree that if hired I will be available beginning Memorial Day weekend, weekends in June and full-time in July, August, and September until Labor Day. I also agree that the facts set forth in this application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial record through investigative or credit agencies or bureaus of your choice.

|                        |          |                                 |          |
|------------------------|----------|---------------------------------|----------|
| Signature of Applicant | Date / / | Signature of Parent or Guardian | Date / / |
|------------------------|----------|---------------------------------|----------|

# 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.

**2025**

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

**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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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.)

|  |  |             |    |
|--|--|-------------|----|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____<br>Multiply the number of other dependents by \$500 . . . . . \$ _____<br>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . | <b>3</b>    | \$ |
| <b>Step 4 (optional): Other Adjustments</b>                | <b>(a) Other income (not from jobs).</b> 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 . . . . .  | <b>4(a)</b> | \$ |
|  | <b>(b) Deductions.</b> 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 . . . . .   | <b>4(b)</b> | \$ |
|  | <b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .  | <b>4(c)</b> | \$ |

|                                    |  |                |             |
|------------------------------------|--|----------------|-------------|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                |             |
|                                    | _____/_____/_____<br><b>Employee's signature</b> (This form is not valid unless you sign it.)  | ____/____/____ | <b>Date</b> |

|                       |  |                          |  |
|-----------------------|--|--------------------------|--|
| <b>Employers Only</b> | Employer's name and address<br>Silver Point Beach Club<br>PO Box 100<br>Atlantic Beach, NY 11509 | First date of employment | Employer identification number (EIN)<br><br>11-1767141 |
|-----------------------|--|--------------------------|--|



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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)  |   | First Name (Given Name) |                          | Middle Initial (if any)    | Other Last Names Used (if any) |                             |  |   |  |
| Address (Street Number and Name)   |   |                         | Apt. Number (if any)     | City or Town               |                                | State<br>ZIP Code           |  |   |  |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Security Number   |                         | Employee's Email Address |                            |                                | Employee's Telephone Number |  |   |  |
| <p><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.</b></p> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):   |                         |                          |                            |                                |                             |  |   |  |
|  | <input 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  |   |                         |                          |                            | Today's Date (mm/dd/yyyy)      |                             |  |   |  |

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><br><br><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |     |        |
| 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)  |    |   |     |        |

**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.

First Day of Employment (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.