



CITY OF BUFFALO
BYRON W. BROWN
MAYOR



February 1, 2017

Dear Applicant:

Thank you for your interest in applying for the 2017 Mayor's Summer Youth Internship Program. Enclosed is an application that must be completed and returned to the Department of Community Services, 65 Niagara Square Room 1701, Buffalo, New York 14202. **Incomplete applications will not be accepted.**

Applications can be returned Monday through Friday between the hours of 8:30am and 4:30pm. The deadline for submitting an application is **Friday, April 28, 2017**. Those who fail to meet the application deadline will be put on a waiting list and your chances of obtaining employment will be diminished.

To be eligible for this program you must be a City of Buffalo resident between the ages of 14 and 21 and **you must turn age 14 by April 28, 2017.**

In order to determine your eligibility for the Mayor's Summer Youth Internship Program, the following items must be documented and returned with your completed application:

1. Working Papers (obtained from your school's counselor) for all youth under age 18
 - Ages 14-15 (Blue Card)
 - Ages 16-17 (Green Card).
2. Birth Certificate
3. Proof of Buffalo Residency (Utility Bills, Lease Agreement)
4. Family Income
5. Social Security Card
6. Attending School (Most recent School Report Card or Transcript)

If you have any questions regarding the application, please contact us at (716) 851-5887. **Remember, incomplete applications will not be accepted.** Once again, thank you for your interest in the Mayor's Summer Youth Internship Program.

Sincerely,

Byron W. Brown
Mayor

HELPFUL GUIDELINES FOR ENSURING YOUR APPLICATION IS COMPLETE:

1. **Working papers** (Blue Card for ages 14-15, Green Card for ages 16-17) can be obtained from your current school. You must fill out an application at school and present a current physical performed by your health care provider in order to receive your working papers. The Department of Community Services does not issue working papers.
2. If you do not have your **birth certificate** and you were born in the City of Buffalo, a copy can be obtained from the City Clerk's Office on the 13th floor of City Hall for a small fee. Legalized Immigration papers can be used as a form of citizenship identification for all those not born in the United States.
3. The **proof of residency** must be separate from the remainder of the proofs and the address must match the address on the application to be accepted.
Example: Most report cards have the students address on them, but will not be used as a proof of address, you must present 2 additional proofs (Utility Bill, Driver's License, School Bus pass w/address on it, etc.).
4. The Mayor's Summer Internship program is not an income based program. We will accept all applications for interns who: fill out a completed application, present the required proofs, and have the application in by the due date. You must present some **proof of income** when the application is turned in. If you are employed, a copy of your 2 most recent paystub will satisfy the requirement. If you are unemployed: an official unemployment statement, SSI statement, SSD statement, Child Support Statement, Public Assistance Statement (including welfare and food stamps), Retirement Statement or some other legal income document must be presented with the completed application.
5. If you do not have your **social security card** yet, or need a replacement card please go to: Social Security Office, Suite 100, 186 Exchange Street, Buffalo NY 14204.
6. A Grade School or High School **report card** or a College Transcript must be presented with the application. If you do not have your report card, please contact your school administrator directly and get an official copy of it.
7. Please fill out your application clearly so that it can be read by the person who will be inputting the application. Use Blue or Black ink to fill out the application and fill in each section to the best of your knowledge. If you need help with a section please call the Department of Community Services at **716-851-5887** and we will be glad to assist you.

8. COMPLETING THIS APPLICATION DOES NOT GUARANTEE PLACEMENT INTO THE PROGRAM.



CITY OF BUFFALO
DEPARTMENT OF COMMUNITY SERVICES
& RECREATIONAL PROGRAMMING



BYRON W. BROWN
MAYOR

OTIS T. BARKER, SR.
DEPUTY COMMISSIONER

Mayor Byron W. Brown's
2017 Mayor's Summer Youth Internship Program Application

PLEASE FILL IN ALL SECTIONS COMPLETELY WITH BLUE OR BLACK INK

1.) SOCIAL SECURITY NUMBER: _____ / _____ / _____

2.) First Name: _____ M. Initial _____

Last Name _____

3.) ADDRESS: _____
(Number) (Street) (Apt)
BUFFALO, NY _____
(Zip Code)

4.) Date of birth: ____/____/____ AGE: _____ MALE FEMALE
(PLEASE Check (✓) ONE)
Place of birth: _____ Country of Origin _____

5.) Phone numbers to contact you: (LIMIT 3):

1. (____) _____ - _____ (Primary)
2. (____) _____ - _____ (Secondary)
3. (____) _____ - _____ (Emergency)

6.) E-MAIL Address: _____

7.) If you are age 14-17 please list your working papers number: _____
(Middle -left side of your card)

8.) Check (✓) ALL THAT APPLY TO YOUR ETHNICITY:

Black or African-American Caucasian Native-American Hispanic/Latino

Multi-Racial Asian Other _____
(Please state your Ethnicity/Ethnic Group here)

9.) How many people (Including yourself) live in your home? _____

10.) What is the TOTAL INCOME for your household for one month? _____
(Include Public Assistance, Rental Assistance or any other funding)

11.) PLEASE Check (✓) ALL THAT APPLY TO YOUR HOUSEHOLD INCOME:

- Pension Benefits Veteran's Disability Employed (Full or Part-time)
 Social Security Public assistance Alimony Payments Food Stamps
 Worker's Compensation Unemployment Benefits Child Support

12.) PLEASE Check (✓) ANY THAT APPLY TO YOU:

- Learning / Physically Disabled Homeless/Runaway Refugee/Immigrant Community
 Foster Care Pregnant / Parenting Teen Limited English _____
(Please state your primary language)

13.) Are you currently attending school? Y / N

14.) What is the name of your school? (If applicable): _____

15.) What grade are you currently in? _____

16.) Please Check (✓) any that apply to you as of today (Leave Blank if None):

- High School Graduate Drop Out GED/HSE program College Student
 ESL Student (Please list your ESL Program) _____

17.) Provide three (3) personal references: (1- RELATVE and 2- NON-RELATED)

*******THIS IS MANDATORY*******

1. _____
(Full Name) (Phone Number)
2. _____
(Full Name) (Phone Number)
3. _____
(Full Name) (Phone Number)

(Applicants Signature)

(Parent/Guardian Signature if under 18)

*****By signing this application you hereby agree that all of the information given on this application is correct to the best of you knowledge.*****

Please bring the following items when turning in your Mayor's Summer Youth Internship Application:

- | | |
|----------------------------------|---------------------------------|
| 1. BIRTH CERTIFICATE OR PASSPORT | 2. SOCIAL SECURITY CARD |
| 3. WORKING PAPERS (FROM SCHOOL) | 4. PROOFS OF ADDRESS IN BUFFALO |
| 5. PROOF OF INCOME FOR HOUSEHOLD | 6. REPORT CARD |

****IF YOU HAVE QUESTIONS REGARDING THE APPLICATION PLEASE CALL (716) 851-5887****



CITY OF BUFFALO
DEPARTMENT OF HUMAN RESOURCES
Civil Service Division



BYRON W. BROWN
MAYOR

GLADYS HERNDON-HILL
COMMISSIONER

RESIDENCY VERIFICATION

APPLICANT

I understand that the Ordinances of the City of Buffalo require that during the period of my employment by the City that I be a resident of the City and Maintain my permanent residence within the corporate limits of the City.

I understand that my failure to comply with this requirement may result in the termination of my employment.

I have read and agree with the provisions set forth above and have received a copy of same.

Name

Signature

Address

Date

PARENT OR GUARDIAN (IF REQUIRED)

I understand that the Ordinances of the City of Buffalo require that during the period of employment by the City that employees must be a resident of the City and maintain permanent residence within the corporate limits of the City.

I understand that failure to comply with this requirement may result in the termination of employment.

I have read and agree with the provisions set forth above and have received a copy of same.

I verify that _____ resides with me at _____,
Buffalo, NY _____. Attached are two current proofs of my residence from the list on the reverse side of this form.

Name

Signature

Address

Date

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you aren't 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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>			
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 style="padding: 0 10px;"> <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	<u> </u>
{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse. 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.)	C	<u> </u>			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>			
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	<u> </u>			
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>			

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017
1 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. Note: 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 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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. If you meet both conditions, write "Exempt" here ▶		
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



Certificate of Exemption from Withholding

IT-2104-E

New York State • New York City • Yonkers

This certificate will expire on April 30, 2018.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2016; **and**
- you do not expect to have a New York income tax liability for 2017 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding (see *Note* below).

First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box A Single <input type="checkbox"/> B Married <input type="checkbox"/> C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>
Mailing address (number and street or PO box)	Apartment number	Date of birth (mmddyyyy)	
City, village, or post office	State	ZIP code	

Are you a full-time student?..... Yes No

Are you a military spouse exempt under the SCRA? Yes No

I certify that the information on this form is correct and that, for the year 2017, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer)

Date

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address	Employer identification number
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Mark an X in the box if a newly hired employee or a rehired employee

First date employee performed services for pay (mmddyyyy) (see instructions):

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

If Yes, enter the date the employee qualifies (mmddyyyy):

Instructions

Employee

Who qualifies – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2016; **and**
- you do not expect to have a New York income tax liability for 2017 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and

Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<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 (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one)

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

