



New Hire Packet - Full-Time Police Officer

Welcome to the Town of West Seneca! Your appointment is pending West Seneca Town Board approval and meeting the required employment contingencies for the Town of West Seneca and Erie County.

As part of your onboarding process, we will need you to complete ALL REQUIRED DOCUMENTS in the new hire packet. Below is a list of the documents included in the new hire packet. ALL ARE REQUIRED unless otherwise noted as optional. Please complete all required documents before submitting them to Human Resources. Use the Document List below to confirm you have completed all the required documents. Please be aware that incomplete paperwork may delay your expected start date.

If you have any questions, please feel free to reach out to Lisa Scibetta, HR Director at lscibetta@twsny.org or by phone at (716) 558-3267.

| DOCUMENT NAME | CHECK WHEN COMPLETED |
|------------------------------------|-----------------------------|
| APPLICATION | _____ |
| ECO CHANGE FORM | _____ |
| EMERGENCY CONTACT FORM | _____ |
| W4 | _____ |
| IT2104 | _____ |
| W9 | _____ |
| I-9 | _____ |
| EEO1 | _____ |
| DIRECT DEPOSIT FORM | _____ |
| PFRS MEMBERSHIP REGISTRATION | _____ |
| CODE OF ETHICS AND ACKNOWLEDGEMENT | _____ |
| | _____ |

Univera Healthcare Plan Information and Enrollment Form Provided Separately
Dental and Vision Plan Information Provided Separately
NYS Deferred Compensation Program Information Provided Upon Request

Plan Options: POS201 or Traditional 901



APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, citizenship status, religion, gender (including pregnancy), national origin, ancestry, age, physical or mental disability, domestic victim status, sexual orientation, marital status, military status, or any other characteristic protected by law, ordinance, or regulation. Those applicants requiring accommodation to complete the application and/or interview process should contact Human Resources. Please print.

| | | | |
|------------------------------------|-------------------|---------------------|-------|
| Position(s) Applied for | | Date of Application | |
| | | | |
| Print Name (Last, First, & Middle) | | Other Names Used | |
| | | | |
| Street Address | | City | State |
| | | | |
| Home Phone Number | Cell Phone Number | Email | |
| | | | |

Have you ever worked for the Town of West Seneca before?..... Yes No

If yes, please give dates and position: _____

DEPARTMENT DESIRED

Please mark next to any departments for which you are applying. For certain positions, there are specific certifications that are required.

Highway
 Buildings & Grounds
 Engineering
 Police
 Clerk's Office
 Senior Center
 Assessor's Office
 Recreation
 Code Enforcement

Position Applying For: _____ Are you at least 16 years old? Yes No

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, please provide the name of the firm. [Add additional page if necessary]

| Company Name & Address | Position | Dates From/To | Reason for Leaving |
|------------------------|----------|------------------------|--------------------|
| 1.) _____ _____ | _____ | _____ (mm/yy-mm/yy) | _____ |
| 2.) _____ _____ | _____ | _____ (mm/yy-mm/yy) | _____ |

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain:

Please explain any gaps in your employment history:

| |
|--|
| |
|--|

Please list any other experience, job related skills, additional languages, certifications and/or specialized training or other qualifications that you believe should be considered in evaluating your application for employment.

| |
|--|
| |
|--|

EDUCATION

Please describe your educational background in the table provided below:

| | School Name | Years Completed | Diploma/ Degree (Yes/No) | Course of Study/Major |
|-------------------------------------|-------------|-----------------|-----------------------------|-----------------------|
| High School | | | | |
| College/ University | | | | |
| Graduate/ Professional School | | | | |
| Trade School | | | | |
| Other | | | | |
| Military Service | | | | |

PROFESSIONAL AND PERSONAL REFERENCES

Please list one to two professional/personal references of individuals who are **not** related to you:

| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|----------------|-----------------------------------|-----------------------|
| | | |
| | | |

GENERAL INFORMATION

1. On what date are you available to begin work? _____

2. Days/Hours available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

3. Are you available to work? Full-time Part-time Seasonal

If seasonal, what date do you need to end work? _____

4. Minimum salary desired.....Per Hour \$_____ Per Month \$_____

5. If hired, would you have a reliable means of transportation to and from work?..... Yes No

- a. Do you have a valid NY driver license?..... Yes No
- 6. Are you at least 18 years old?..... Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 7. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
- 8. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Town to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Town any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Town, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My employment is contingent upon acceptable results of a drug screen, background check, and driving history. My employment is also contingent upon providing to the Town a receipt of a medical physical.

_____ In the event of my employment with the Town, I understand that I am required to comply with all rules and regulations of the Town.

_____ If hired, unless subject to any other agreement, I understand and agree that my employment with the Town is at-will, and that neither I, nor the Town is required to continue the employment relationship for any specific term. I further understand that the Town or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature _____

Date _____

Employee Change Form Information

For Supplementary Payroll Certification Report of Personnel Change to Erie County

Effective Date:

| Employee Data | | | |
|-------------------------|--|--------------------------|--------------|
| Social Security Number: | | Retirement Number: | |
| Name (Last, First): | | Veteran Exemption (Y/N): | |
| Street Address: | | Dates of Service: | From: To: |
| City/Town: | | Volunteer Firemen: (Y/N) | |
| Zip Code: | | Dates of Service: | From: To: |

| Title – Classification – Salary Information | | | |
|--|-----------------|--------------------------------|-----------------|
| Are you currently employed by the Town of West Seneca? (Y/N) | | | |
| If “yes”, complete below. If “no”, leave blank: | | Must be completed: | |
| Current Title: | | New Title: | |
| Current Salary: | | New Salary: | |
| Type (Check One): | Meeting | Type (Check One): | Meeting |
| | Daily | | Daily |
| | Hourly | | Hourly |
| | Weekly | | Weekly |
| | BiWeekly | | BiWeekly |
| | Quarterly | | Quarterly |
| | Annually | | Annually |
| Classification: (Check One) | Competitive | Classification: (Check One) | Competitive |
| | Non-Competitive | | Non-Competitive |
| | Labor | | Labor |
| | Exempt | | Exempt |
| | Unclassified | | Unclassified |

| Employee Type – For Temporary Appointment, WRITE IN END DATE | | | |
|--|--|--------------------------------|--|
| Full Time Permanent | | Part Time Temporary Seasonal | |
| Full Time Provisional | | Regular Part Time Permanent | |
| Full Time Temporary | | Regular Part Time Temporary | |
| Part Time Regular Permanent | | Full Time Contingent Permanent | |
| Part Time Temporary | | Part Time Provisional | |
| Part Time Permanent | | Regular Part Time Provisional | |



Emergency Contact Sheet

Name: _____

In the event of an emergency situation, please contact the following individual(s):

| | Primary Contact: | Secondary Contact: |
|------------------------|------------------|--------------------|
| Contact Name: | _____ | _____ |
| Relationship: | _____ | _____ |
| Daytime Phone Number: | _____ | _____ |
| Home Phone Number: | _____ | _____ |
| Cellular Phone Number: | _____ | _____ |

*****DON'T FORGET HEALTH INSURANCE & RETIREMENT SYSTEM*****

If you have health insurance with the Town and/or are a member of the NYS Retirement System, please call the following numbers for a change of address.

| | |
|-------------------------|----------------|
| Blue Cross Blue Shield: | 1-800-544-2583 |
| NYS Retirement System: | 1-866-805-0990 |

In the event of an emergency, each employee's emergency contact information may be accessed confidentially by Department Heads. If you do not wish to have your emergency contact information shared with the Department Heads, please initial here: _____

Employee Signature: _____ Date: _____

Should any of the above information change, please submit revisions to a member of the Human Resources Department.

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

| | | | |
|---|--|-----------------|---|
| 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 surviving spouse <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.) | | |

TIP: Consider using the estimator at 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.

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 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.)

| | | | |
|--|--|-------------|----|
| Step 3: Claim Dependent and Other Credits | 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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. | | |
| | _____ Employee's signature (This form is not valid unless you sign it.) | | _____ Date |

| | | | |
|-----------------------|-----------------------------------|--------------------------------|--|
| Employers Only | Employer's name and address _____ | First date of employment _____ | Employer identification number (EIN) _____ |
|-----------------------|-----------------------------------|--------------------------------|--|



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

| | | |
|---|-----------|-----------------------------|
| First name and middle initial | Last name | Your Social Security number |
| Permanent home address (number and street or rural route) | | Apartment number |
| City, village, or post office | State | ZIP code |

Single or Head of household Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

| | | |
|--|----------|--|
| 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) | 1 | |
| 2 Total number of allowances for New York City (from line 31, if using worksheet) | 2 | |

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

| | | |
|-------------------------|----------|--|
| 3 New York State amount | 3 | |
| 4 New York City amount | 4 | |
| 5 Yonkers amount | 5 | |

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

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

| | |
|----------------------|------|
| Employee's signature | Date |
|----------------------|------|

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A

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

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

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

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

| | |
|---|--------------------------------|
| Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.) | Employer identification number |
|---|--------------------------------|



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
| | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | |
|---------------------------------------|-----------|
| Social security number | |
| | - - |
| or | |
| Employer identification number | |
| | - |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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 ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | | Employee's Telephone Number |
| <p>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.</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) | <p>Additional Information</p> | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p> | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| <p>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.</p> | | | | | |
| 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.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|--|-----|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. | OR | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION
APPLICANT OR EMPLOYEE SURVEY

Name: _____

Position (or position applying for): _____

Date: _____

Our company is an equal opportunity employer and does not discriminate in firing or employment on the basis of race, color, religion, sex, national origin, age, disability or any other basis prohibited by federal, state or local law. No question on this form is intended to secure information to be used for such discrimination.

The company is required by federal regulation to report information as requested below. Your contribution of this information is completely *voluntary* and refusal to complete this form will not affect any hiring or employment decisions. The information you provide is strictly confidential and will be maintained separate from your personnel file. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

White (not Hispanic or Latino) – having origins in any of the original peoples of Europe, the Middle East or North Africa

Hispanic or Latino – of Cuban, Mexican, Puerto Rican, South or Central American descent, or other Spanish culture or origin regardless of race

Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands

Black or African-American (not Hispanic or Latino) – having origins in any of the black racial groups of Africa

American Indian or Alaskan Native (not Hispanic or Latino) – having origins in the original peoples of North or South America (including Central America), and maintaining tribal affiliations or community involvement

Asian (not Hispanic or Latino) – having origins in the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

Two or more races (not Hispanic or Latino) – anyone who identifies with more than one of the above five races

Other

Payroll _____

Benefits _____

HR _____



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Last Name _____ First Name _____ Last 4 SSN _____

Please complete form even if you have had Direct Deposit in the past.

| Bank Name | Transit/ ABA Number | Type of Account | Amount or Percent | Account Number |
|-----------|------------------------|-----------------------------|----------------------|----------------|
| | | [] Checking [] Savings | | |
| | | [] Checking [] Savings | | |
| | | [] Checking [] Savings | | |
| | | [] Checking [] Savings | | |

I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. (This request will not be processed without the accompanying documentation.)

I hereby authorize the Town of West Seneca to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the percentages specified. (If two or more accounts are designated, deposits are to be made in whole percentages of pay to total 100%.)

The Town will credit my account(s) the amount of my payroll check on payday. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and the Town of West Seneca has no control over my bank's posting. Also, I hereby grant the Town of West Seneca the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that the Town of West Seneca is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until the Town of West Seneca has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY MY EMPLOYER IN WRITING AT LEAST TWO WEEKS PRIOR TO THE TERMINATION.

Signature: _____ Date: _____

Please allow 2-4 weeks for your direct deposit to begin.

Please verify with your bank that your first direct deposit has been processed correctly.



New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Fax Number: (518)486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYS LRS ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| |
|----------------------|
| Received Date |
| |

Police and Fire Membership Registration

PF 5022

(Rev. 11/22)

| Plan | Tier | Rate | Date of Membership (mm/dd/yyyy) | | |
|------|------|------|---------------------------------|--|--|
| | | | | | |

Social Security Number *

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Registration Number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| | | | | |
|---|--|-----------------------------------|-------------|--|
| Part 1: Employee – Read information provided on page 2. | | | | |
| Employee's Last Name: | | First Name: | | Middle Initial: |
| Employee's Address: | | Apt | City | State Zip Code |
| Former Name: (if applicable) | | Date of Birth (mm/dd/yyyy) | | Sex |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X |
| Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ | | | | |
| Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ | | | | |
| (NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees') | | | | |

| | | | | | | | | | | | | |
|---|-----|------|-----------------------------------|--|---|-------------------------------|-----------------------------------|--|--|--|------------------------------------|--|
| Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form. | | | | | | | | | | | | |
| Employer's Name: | | | | | | Employer's Telephone: | | | | | | |
| Employer's Address: | | | | | | Employer's Fax Number: | | | | | | |
| Job Code [1] | | | Employee Classification | | | | | | <input type="checkbox"/> Regular [2] | | <input type="checkbox"/> Full Time | |
| | | | <input type="checkbox"/> 12 Month | | <input type="checkbox"/> 12 Month Provisional | | <input type="checkbox"/> Seasonal | | <input type="checkbox"/> Temporary | | <input type="checkbox"/> Part Time | |
| Hire Date [3] | | | Standard Workday [4] | | Location Code | | | | For State Agency Use Only – Agency Code | | | |
| Month | Day | Year | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Frequency of Payment | | | | | | | | | | | |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi- Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi- Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other- Please Specify _____ | | | | | | | | | | | |

| |
|--------------------------------------|
| Projected Annualized Wage [5] |
| |

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See Page 2 for examples.

Chapter 13. Ethics, Code of

[HISTORY: Adopted by the Town Board of the Town of West Seneca 12-16-2019 by L.L. No. 5-2019.1¹1 Amendments noted where applicable.]

[1] *Editor's Note: This chapter also superseded former Ch. 13, Ethics, Code of, adopted 12-7-2009 by L.L. No. 4-2009.*

§ 13-1. Legislative intent.

The proper operation of Town government requires that its officers and employees be independent, impartial and responsible to the people; that government decisions and policy be made in the proper channels of the governmental structure; that public office not be used for personal gain; that public officers and employees observe in their official acts the highest standards of ethics and discharge faithfully the duties of their public office regardless of personal consideration; and that the public have confidence in the integrity of its government and the officers and employees thereof. It is the policy of the Town of West Seneca and the purpose of this chapter to establish standards and guidelines for ethical conduct of officers and employees. Though assurance of such conduct will continue to rest primarily on personal integrity and community vigilance, the establishment of standards is another step toward providing the highest caliber of public administration for the Town and ensuring that government decisions are arrived at impartially and free of conflict of interests and thereby increasing confidence in public officials. It is also the purpose of this chapter to protect officials and employees from unwarranted assaults on their integrity by separating real conflict from the inconsequential, recognizing that for local government to attract and hold competent administrators, public service must not require a complete divesting of all proprietary interests. In recognition of these goals, there is hereby established a Code of Ethics for all officers and for all employees of the Town of West Seneca, hereinafter referred to as the "Town." In the event of any conflict between the provisions of this Code and provisions of Article 18 of the General Municipal Law, the latter shall control. This chapter shall be enforceable upon all Town officials, officers and employees. No acknowledgement, service or acceptance of this chapter shall be necessary for enforcement of its provisions.

§ 13-2. Definitions and word usage.

A. Definitions. As used in this chapter, the following terms shall have the meanings indicated:

AGENCY

Any Town department, division, board, committee, or bureau, including the Town Board or any successor thereto.

APPEAR and APPEAR BEFORE

Communicating in any form, including without limitation, personally, by letter, electronic communication, telephone or by any other device.

CONFIDENTIAL INFORMATION

The same meaning as defined in the New York State Public Officer's Law¹1 as well as any information discussed and/or revealed at an executive session of a Town Board meeting.

CONFLICT OF INTEREST

Any action or omission which is in conflict or gives or may reasonably give the appearance of conflict with the performance of official Town business or government.

CUSTOMER or CLIENT

Any entity or person to whom an official, officer or employee of the Town of West Seneca or his or her outside employer or business has supplied goods or services during the previous calendar year having, in the aggregate, a value greater than \$2,000.

FINANCIAL BENEFIT

Any money, service, license, permit, contract, authorization, loan, travel, entertainment, hospitality, gratuity or other compensation of anything of value, or any promise thereof.

GOOD FAITH

Information concerning potential wrongdoing is disclosed in good faith when the individual making the disclosure reasonably believes such information to be true and reasonably believes that it constitutes potential wrongdoing.

HOUSEHOLD

All persons living in a single residence, whether related or not.

INTEREST

Deemed to include the affairs of the official, officer or employee or their spouse, minor children and dependents, firm, partnership or association in which such official, officer or employee is a member or employee; a corporation in which such official officer or employee is an officer director, or employee; and a corporation of which any stock is owned or controlled directly by the official, officer or employee.

PERSONNEL ACTION

Any action affecting compensation, appointment, promotion, transfer, assignment, reassignment, reinstatement or evaluation of performance.

RECUSE

The act of abstaining from participation or influencing in an official action due to a conflict of interest.

RELATIVE

A spouse, parent, grandparent, stepparent, sibling, step-sibling, sibling's spouse, child, grandchild, stepchild, uncle, aunt, nephew, niece or household member of a Town official, officer or employee and individuals having any of these relationships to the spouse of the Town official, officer or employee.

TOWN EMPLOYEE

All board members, officers and staff employed by the Town, whether employed full-time or part-time, employed pursuant to a contract, employed temporarily or employees who are on probation, paid or unpaid.

WHISTLEBLOWER

Any Town employee (as defined herein) who in good faith discloses information concerning wrongdoing by another Town employee or concerning the business of the Town itself.

WRONGDOING

Any alleged corruption, fraud, criminal or unethical activity, misconduct, waste, conflict of interest, intentional reporting of false or misleading information or abuse of authority engaged in by a Town employee (as defined herein) that relates to the Town.

[1] *Editor's Note: See McKinney's Public Officers Law § 1 et seq.*

- B. Word usage. The use of the masculine gender shall include the feminine where applicable.

§ 13-3. Standards of conduct.

Every official, officer and employee of the Town of West Seneca shall be subject to and abide by the following standards of conduct:

- A. No Town official, officer or employee shall use his or her official position or office to take or fail to take any action in a manner which he or she knows or has reason to know may result in a financial benefit or interest for any of the following persons or entities:
- (1) The Town official, officer or employee;
 - (2) His or her outside employer or business;
 - (3) A member of his household;
 - (4) A customer or client; or
 - (5) A relative.
- B. No Town official, officer or employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature that is in conflict with, or might reasonably tend to conflict with, the proper discharge of his duties in the public interest. Any officer or employee who has a direct or indirect financial or other private interest in any matter before any board of the Town shall publicly disclose in writing on the official record of such board the nature and extent of such interest prior to participating in the discussion or before making a recommendation or giving an opinion to such board on such matter.
- C. No Town official, officer or employee shall represent private interests before any board, department, office or agency of the Town, nor represent private interests in any action or proceeding against the interests of the Town or in any litigation to which the Town is a party. The preceding sentence shall not preclude any such officers or employees from appearing in the performance of public or civic obligations or on their own behalf with respect to matters of a personal nature. All appearing parties before any board of the Town shall make a disclosure as provided under § 809 of Article 18 of the General Municipal Law. Every application, petition or request submitted for a variance, change of zoning, site plan approval or waiver, license or permit pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of the Town in which a Town officer or employee has an interest as defined in this chapter shall state the name, residence and the nature and extent of the interest of any officer or employee of the Town, in the person, partnership or association making such application, petition or request.
- D. A Town Board member, official, officer or employee shall promptly recuse himself or herself from acting on a matter before the Town when acting on the matter or failing to act on the matter may provide a financial benefit to the persons or entities listed in § 13-3A above. A Town Board member shall promptly recuse himself or herself from voting on the appointment, hiring, or other matter involving a person or entity described in § 13-3A above.
- E. No Town official, officer or employee, whether paid or unpaid, shall directly or indirectly solicit, accept or receive any gift, whether in the form of money, services, loan, travel, entertainment, hospitality, material goods, things, or promise of any other form, under circumstances in which it could reasonably be inferred or could reasonably be expected that the gift was intended to influence such official, officer or employee in the performance of his or her official duties or was intended to reward official action or inaction. Under no circumstances shall an official, officer or employee accept any gift valued in excess of \$25. No officer or employee of the Town shall grant in the discharge of his duties any improper favor, service or thing of value. Nothing contained herein shall be deemed to prohibit any officer or employee of the Town from borrowing money from any bank or banks designated as depositories by the Town Board.

- F. No Town official, officer or employee shall disclose any confidential information or use said information to further their personal interest or the personal interests of others, unless required to do so by law or court order.
- G. No Town official, officer or employee, whether paid or unpaid, shall engage in or accept private employment or render services for private interests when such employment or service is in conflict with the proper discharge of his official duties.
- H. No Town official, officer or employee shall accept employment by any person, firm or corporation with which he or his department, office or agency is engaged on behalf of the Town in the transaction of business which is or may be affected by his official action. No officer or employee of the Town shall, within one year after termination of service or employment with the Town, appear before any board or agency of the Town in relation to any case, proceeding or application in which he personally participated during the period of his service or employment or which was under his active consideration.
- I. No Town official, officer or employee shall use or attempt to use his official position to secure unwarranted privileges or exemptions for himself or others or grant any special consideration, treatment or advantage to any citizens beyond that which is available to every other citizen.
- J. No Town official, officer or employee shall, by his conduct, give reasonable basis for the impression that any person can unduly influence him or improperly enjoy his favor in the performance of his official duties or that he is affected by the kinship, rank, position or influence of any party or person.
- K. No Town official, officer or employee shall direct or cause any officer or employee of the Town to do or perform any service or work outside of public work or employment, or accept any such service or work, nor shall any officer or employee of the Town offer to or perform any such service or work for such officer or employee.
- L. No Town official, officer or employee shall use or permit the use of Town property (including vehicles, equipment, materials and any other property) for personal convenience, profit, or political means except when such use is available to Town citizens generally or is provided as a matter of written Town policy
- M. No Town official, officer or employee shall require, authorize, or influence any other Town official, officer, or employee to participate in an election campaign or contribute to a political committee.
- N. No Town official, officer or employee shall induce or aid other officials, officers or employees of the Town to violate any provisions of this chapter.
- O. All Town Board members, officials, officers, employees, and volunteers are required to reasonably cooperate with any investigation of the Board of Ethics. Such reasonable cooperation shall include by way of example, but not be limited to, participating in investigatory interviews, producing documents or other tangible information in their possession or control, and appearing at scheduled hearings and giving testimony. Employees represented by a union will have the right to have a union representative present with them for any investigatory interviews and to seek the advice of their union representative prior to appearing before or providing information to the Board of Ethics.
- P. Every Ethics Board Member shall annually complete two hours of ethics training.
- Q. This Ethics Code shall be annually available to all Town officials, Board members, employees, and volunteers.

§ 13-4. Penalties.

- A. In addition to any penalty contained in any other provision of law, a violation of this chapter may result as follows:
 - (1) Forfeiture of pay, suspension or removal from office or employment or such other disciplinary action as the Town Board may consider advisable.
 - (2) Any contract knowingly entered into by and/or with the Town or any agency thereof in which there is an interest or financial benefit prohibited by this chapter shall be null, void, and wholly unenforceable.
 - (3) Recommend a civil fine, not to exceed \$10,000 for each violation, upon a Town Official, Board member, employee or volunteer found guilty of a violation of this code. Such fine shall be payable to the Town.
- B. No action expressly or impliedly permitted under Article 18 of the General Municipal Law shall constitute a violation of this chapter.

§ 13-5. Disclosure statements.

- A. The following Town officials, officers and employees of the Town of West Seneca shall be required to file annual disclosure statements by March 31 of each year in the form set forth in Exhibit "A" attached hereto:^[1]
 - (1) All elected officials.
 - (2) All department heads.

- (3) Any and all Board members, Commission members, Committee members, whether elected, appointed, or volunteer.

[1] *Editor's Note: Said attachment is on file in Town offices.*

- B. Said forms shall be filed with the Town Clerk and shall be available for public inspection.
- C. Any independent contractors hired by the Town to perform any work for the Town shall be required to file annual disclosure statements by March 31 of each year in a form set forth in Exhibit "B" attached hereto.¹²

[2] *Editor's Note: Said attachment is on file in Town offices.*

§ 13-6. Whistleblower Policy.

- A. This Whistleblower Policy applies to all board members, officers, employees of the Town of West Seneca, and the public, and provides them with a confidential means to report credible allegation of misconduct, wrongdoing or unethical behavior and to protect those individuals, when acting in good faith, from personal or professional retaliation.
- B. Town employees who discover or have knowledge of potential wrongdoing concerning board members, officers or employees of the Town, or a person having business dealings with the Town, or concerning the Town itself, shall report such activity in accordance with the following procedures:

- (1) The Town employee shall disclose any information concerning wrongdoing either orally or in a written report to his or her supervisor, to the Town Ethics Board Attorney, general counsel, human resources representative, or the Erie County Whistle Blower Hotline at (716-858-7722) or email at whistleblower@erie.gov.

- (2) Town employees who discover or have knowledge of wrongdoing shall report such wrongdoing in a prompt and timely manner. If reporting through the Town Ethics Board Attorney, then the form attached hereto as Exhibit "C"¹ shall be completed and submitted to the Town Ethics Board Attorney.

[1] *Editor's Note: Said attachment is on file in Town offices.*

- (3) The identity of the whistleblower and the substance of his or her allegations will be kept confidential to the best extent possible.

- (4) The individual to whom the potential wrongdoing is reported shall investigate and handle the claim in a timely and reasonable manner, which may include referring such information to the authorities or an appropriate law enforcement agency where applicable.

- (5) Should a Town employee believe in good faith that disclosing information within the Town would likely subject him or her to adverse personnel action or be wholly ineffective; the Town employee may instead disclose the information to the local authorities or to an appropriate law enforcement agency, if applicable.

- (6) Should a Town employee believe in good faith that disclosing information within the Town would likely subject him or her to adverse personnel action or be wholly ineffective; the Town employee may instead disclose the information to the local authorities or to an appropriate law enforcement agency, if applicable.

- (7) All allegations of retaliation against a whistleblower or interference with an individual seeking to disclose potential wrongdoing will be thoroughly investigated by the Town Ethics Board.

- (8) Any Town employee who retaliates against or attempts to interfere with any individual for having in good faith disclosed potential violations of the Town's Code of Ethics or other instances of potential wrongdoing is subject to disciplinary action, which may include termination of employment.

- (9) Any allegation of retaliation or interference will be taken and treated seriously and irrespective of the outcome of the initial complaint, will be treated as a separate matter.

- (10) The Whistleblower Policy is not intended to limit, diminish or impair any other rights or remedies that an individual may have under the law with respect to disclosing potential wrongdoing free from retaliation or adverse personnel action.

- (11) Specifically, the Whistleblower Policy is not intended to limit any rights or remedies that an individual may have under the laws of the State of New York, including but not limited to the following provisions: Civil Service Law§ 75-b, Labor Law§ 740, State Finance Law§ 191 (commonly known as the "False Claims Act") and Executive Law§ 55(1).

- (12) With respect to any rights or remedies that an individual may have pursuant to Civil Service Law§ 75-b or Labor Law§ 740, any employee who wishes to preserve such rights shall, prior to disclosing information to a government body, have made a good faith effort to provide the appointing authority or his or her designee the information to be disclosed and shall provide the appointing authority or designee a reasonable time to take appropriate action unless there is imminent and serious danger to public health or safety. [See Civil Service Law§ 75-b(2)(b); Labor Law§ 740(3)].

- C. Once a complaint has been submitted, the Ethics Board will investigate the allegations of the complaint. In conducting any such investigation, the Ethics Board may administer oaths or affirmations, issue subpoenas pursuant to Article 23 of the New York Civil Practice Law and Rules, compel witness attendance and require the production of any books or records which it may deem relevant and material. The Ethics Board shall require clear and convincing evidence before determining that a violation has occurred.

§ 13-7. Creation of Board of Ethics; composition of membership; conditions of membership.

- A. A Board of Ethics is hereby established pursuant to Article 18, Section 808, Subdivision 3 of the General Municipal Law. The members of the Board of Ethics shall be appointed by the Town Board and shall receive no salary or compensation for their services as members of such Board. A member of the Board of Ethics may be removed for cause. The Board shall be composed of one member to be appointed by each member of the Town Board with staggered terms. Three members shall be appointed in 2021 and two members to be appointed in 2022. The term of each member shall be five years with three more being appointed or reappointed in 2026 and two being appointed or reappointed in 2027, which shall continue on the same scheme. A member of the Town Board shall not appoint himself or herself or any other current Town Board member. The seventh member of the Board of Ethics shall be the Town Clerk, who shall be an ex officio member without the power to vote. The members of the Board of Ethics shall be residents of the Town of West Seneca and only one member shall be a current Town official, officer or employee. The Town Attorney representing the Town shall be an ex officio member of the Board of Ethics without the power to vote. In the event that the Town Board increases to five board members, the Board of Ethics shall become a five-member Board. One member shall be appointed by each Town Board member and the terms shall be five years as decided by a majority of the Town Board members.
- B. Advisory opinions. Upon written request of any Town official, officer or employee, the Board of Ethics established herein shall render advisory opinions regarding this chapter of Ethics or the provisions contained in Article 18 of the New York State General Municipal Law. The Board of Ethics shall also make recommendations as to any amendments to this chapter upon the request and majority vote of the Town Board. The opinions of the Board of Ethics shall be advisory and under no circumstances shall the identity of the Town officer, official or employee be disclosed except to authorized persons and agencies or pursuant to a court order.
- C. Rules and regulations. The Board of Ethics shall promulgate its own rules and regulations as to its form and procedures and shall maintain appropriate records of its opinions and proceedings.
- D. All recommendations, advisory opinions and rules and regulations of the Board of Ethics shall be kept in the Town Clerk's Office.

§ 13-8. Severability.

If any portion of this chapter shall be adjudged by a court of competent jurisdiction to be invalid or unconstitutional, such portion thereof shall be deemed inoperative and the balance of the code deemed to be in full force and effect.

§ 13-9. Permissible claims.

Nothing herein shall be deemed to bar or prevent the timely filing by a present or former Town official, officer or employee of any claim, account, demand or suit against the Town or any agency thereof on behalf of himself or any relative or household member arising out of any personal injury or property damage or for any lawful benefit authorized or permitted by law.

§ 13-10. Compliance required; distribution of copies.

Compliance with this Code of Ethics shall be deemed a condition of employment for all Town officials, officers and employees. The Town Human Resources Department must promptly cause a copy of this code, including any amendments, to be distributed to every person who is or becomes an official, officer or employee of the Town of West Seneca and a receipt of the same shall be signed by such official, officer or employee. Such receipts shall be filed with Human Resources, who shall supply the necessary forms, and a photocopy shall be filed in the officer's or employee's personnel folder and with the Board of Ethics.

§ 13-11. When effective.

This chapter shall become effective immediately upon its enactment by the Town Board after proper filing, including filing with the office of the State Comptroller and the office of the Secretary of State.

TOWN OF WEST SENECA



Gary A. Dickson
Supervisor's Office

TOWN SUPERVISOR
Gary A. Dickson
TOWN COUNCIL
William Bauer
Joseph J. Cantafio
Jeffrey Piekarec
William P. Hanley

I hereby acknowledge that I have received a copy of the Town of West Seneca's Code of Ethics (West Seneca Town Code Chapter 13). I have read and understand the aforementioned Code together with all amendments thereto and will abide by them.

Signature: _____

Print Name: _____

Date: _____