The City University of New York  
APPLICATION FOR EMPLOYMENT  
SHORT FORM  

COLLEGE

Name in Full

Last

First

Middle

Home Address

No. Street

Apt. #

City

State

Zip

Telephone Number

( )

Home

Business

Are you authorized to work in the U.S.?  Yes  No

Under the Immigration and Reform Control Act, CUNY's requirement to verify your employment eligibility and identity within three days of reporting to work.

EDUCATION: Please indicate highest equivalent grade of education completed (e.g. GED = 12; BA = 16)

List schools attended, beginning with most recent (college, business, high school, vocation, trade etc.)

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Date Entered</th>
<th>Date Left</th>
<th>Major Study</th>
<th>Total Credits Completed</th>
<th>Degree and Date Received</th>
</tr>
</thead>
</table>

GED: Year Issued

Certificate #:

EMPLOYMENT HISTORY: Begin with present or last job and work back for the last 15 years. Attach an extra page, if necessary.

1. Firm Name

   Dates Employed From / To / Mo. Yr. Mo. Yr.

   Address

   Job Title

   Final Base Salary/Indicate one

   ( ) Annual $ 

   ( ) Weekly $ 

   ( ) Hourly $ 

   Name and Title of Immediate Supervisor

   Reason for Leaving

   Briefly describe duties

2. Firm Name

   Dates Employed From / To / Mo. Yr. Mo. Yr.

   Address

   Job Title

   Final Base Salary/Indicate one

   ( ) Annual $ 

   ( ) Weekly $ 

   ( ) Hourly $ 

   Name and Title of Immediate Supervisor

   Reason for Leaving

   Briefly describe duties

3. Firm Name

   Dates Employed From / To / Mo. Yr. Mo. Yr.

   Address

   Job Title

   Final Base Salary/Indicate one

   ( ) Annual $ 

   ( ) Weekly $ 

   ( ) Hourly $ 

   Name and Title of Immediate Supervisor

   Reason for Leaving

   Briefly describe duties
May we contact the employers listed above prior to your being hired at CUNY? All employment will be verified after hire.

Yes _____ No _____ If no, explain

Have you previously been employed by CUNY? Yes ____ No ____ If yes, please give name of college, dates of employment, title(s) and reason for leaving.

Have you ever been discharged or asked to resign from any employment? No ____ Yes ____ If yes, please explain briefly.

List any special skills that you possess which you believe will help you perform this job better (e.g. office machines, languages, word processor); be specific: ___________________________ ___________________________ ___________________________

Are you physically, mentally and medically able, with or without reasonable accommodations, to perform fully the essential duties of this job as contained in the job description? Yes ____ No ____

If No, you may still be eligible for appointment to the position. If appointed, be prepared to provide information.

Are you working or do you anticipate working at any other job? Yes ____ No ____

If yes, give name of employer, days and time of work, nature of duties.

Are you currently a full-time student? Yes ____ No ____ If yes, give name of school

Credits earned this semester ___________________________

NOTICE (Please read carefully)

A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution.

If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, or medical examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent on successful completion of The City University of New York’s final employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

No manager or representative of The City University of New York has the authority to make an offer of employment or to represent a condition of employment which is in violation of the Bylaws, Rules, regulations, or collective bargaining agreements governing the administration of the Classified Service of the University. Any representations which are contrary to administrative policies of the University, including those made in writing, are unenforceable. Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel Director – made in writing prior to appointment represent official representation.

The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, collectively bargained agreements, and the Rules of the CUNY Civil Service Commission.

Applicant’s Certificate and Agreement

AFFIRMATION:

I declare and affirm, under penalty of perjury, that I have read and understand the above notice, and that the statements I have made herein are true and correct to the best of my knowledge.

Your Signature ___________________________ Date _____________

FOR PERSONNEL OFFICE USE

Date Received ___________________________ Mailed ___________________________ Drop In ___________________________

Typing Test Score ___________________________ Date ___________________________ P.O. Staff Initials ___________________________

Interview Date ___________________________ By _____________ Position ___________________________

Interview Date ___________________________ By _____________ Position ___________________________

Interview Date ___________________________ By _____________ Position ___________________________

EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER
(M/F/VHR)

OFIR-601
K/MM
THE CITY UNIVERSITY OF NEW YORK
CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS, one character per space.

Social Security Number: ____________________________

Today’s Date: __/__/____

First Name: ____________________________ Middle Initial: ______

Last Name: ____________________________

Please list below any other name you may be known by (this includes maiden name)

Last Name: ____________________________

Middle Initial: ______

Street Address: ____________________________

Apt. No. ______

City or Town: ____________________________

State: ________ Zip Code: __________

Home Phone Number: (______) _______ _______

Work Phone Number: (______) _______ _______

LICENSE OR PROFESSIONAL REGISTRATION:
(If required for position or as stated in the vacancy notice or exam announcement, such as driver’s license, engineer’s license, etc.)

1. Name of License/Registration valid in NYC ________________________ License No. ________________________

Name of Issuing Agency ________________________

Date Originally Issued ________________________ Date Last Renewed ________________________

Renewal No. (if any): ________________________ Date of Expiration: ________________________

Have you ever had a license certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________

2. Name of License/Registration valid in NYC ________________________ License No. ________________________

Name of Issuing Agency ________________________

Date Originally Issued ________________________ Date Last Renewed ________________________

Renewal No. (if any): ________________________ Date of Expiration: ________________________

Have you ever had a license certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________
REVISED CONVICTIONS (To be used instead of Form 602a R-9/95) (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State law. However, FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMission / FALSIFICATION.

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not expunge an offense from your record, and the offense must be reported.

1. Were you ever convicted of an offense anywhere including felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)?
   Answer YES or NO
   
   Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) currently pending against you?
   Answer YES or NO

3. In the space below, please list: a) all felony convictions and felony pending charges regardless of the date received and b) for misdemeanors and violations, all your convictions and pending charges for the past 10 years. If none, write "NONE." You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

<table>
<thead>
<tr>
<th>Date of Conv.</th>
<th>Offense of which you were convicted</th>
<th>Name/location of court</th>
<th>Disposition including incarceration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mo/yr)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.

DECLARATION FOR THE SECTIONS ABOVE

I, ____________________________, residing at ____________________________,

(Please print name)                                (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge. ____________________________

(Signature)

To be completed by College HR/Personnel Department

Candidate ____________________________  College ____________________________  Dept. ____________________________  Date ____________________________

CSC Title ____________________________  Action (Appt., Reinst. Transf.) ____________________________  Appt. Date ____________________________  Status ____________________________

Completed by ____________________________  Title ____________________________  Date ____________________________

HR/Personnel Director ____________________________

(Signature)