

POSITION FOR WHICH YOU ARE APPLYING

Full Time \_\_\_\_\_ If PT, Hours Available \_\_\_\_\_  
 Part Time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ S.S.No. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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.)

School Name	Location	Date Entered	Date Left	Major Study	Total Credits Completed	Degree and Date Received
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_ Final Base Salary/Indicate (One)  
 Mo. Yr. Mo. Yr. ( ) Annual \$ \_\_\_\_\_  
 ( ) Weekly \$ \_\_\_\_\_  
 ( ) Hourly \$ \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Briefly describe duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

2. Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_ Final Base Salary/Indicate (One)  
 Mo. Yr. Mo. Yr. ( ) Annual \$ \_\_\_\_\_  
 ( ) Weekly \$ \_\_\_\_\_  
 ( ) Hourly \$ \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Briefly describe duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

3. Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_ Final Base Salary/Indicate (One)  
 Mo. Yr. Mo. Yr. ( ) 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? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give names of colleges, 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 accommodation, 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.

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Are you working or do you anticipate working at any other jobs? 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 \_\_\_\_\_.

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**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 total 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 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 Certification 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 \_\_\_\_\_

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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/V/H)

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:

Last Name:

First Name:

Middle Initial:

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

Last Name:

First Name:

Middle Initial:

Street Address:

Apt. No.

City or Town:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

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**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 or 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.**

Date of Conviction (Mo/Yr)	Offense of which you were convicted	Name/location of court	Disposition including incarceration
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**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 Date: \_\_\_\_\_

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., Trans., Reinst.) \_\_\_\_\_ Appt Date \_\_\_\_\_ Status \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_