



**REVISED CONVICTIONS** To be used instead of Form 602a R-01/01 (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.

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

**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 \_\_\_\_\_  
(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) \_\_\_\_\_ App't Date \_\_\_\_\_ Status \_\_\_\_\_

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

HR/Personnel Director \_\_\_\_\_  
(Signature)





MEDICAL/DRUG SCREENING STATEMENT  
FOR CURRENT EMPLOYEES WHO ARE APPLYING  
FOR A POSITION WHICH REQUIRES A  
MEDICAL AND DRUG SCREENING TEST

In order to begin serving in the position which I have been offered, I understand that I must successfully pass the required medical exam and drug test for this title/level. If I do not successfully pass the drug test, I agree to the following terms:

1. I agree to be evaluated for professional counselling and/or treatment provided through the union or another source agreeable to me and the University.
2. If treatment is advised, I agree to complete such program as recommended and will continue working in my present position, with such accommodations as may be permitted at the discretion of the appointing officer.
3. In order to qualify for reconsideration for the position which was offered me I agree to a second random drug test no less than 30 days and no more than 90 days following the evaluation for treatment.
4. If the second drug screening results are negative, I will be restored to the eligible list or to the pool of candidates for consideration for the denied position. For provisional or temporary appointments of more than three months duration, there can be no civil service list in existence.
5. If I fail the second drug screening test, I will be removed from the list. If the title in which I presently serve is also subject to a drug test, I may be subject to disciplinary actions, if appropriate.
6. Nothing about this agreement shall preclude the University from taking other personnel actions that it could have exercised had I not applied for this position.
7. For reassignments from assignment Level I to assignment Level II of the Campus Peace Officer title, I understand that I must also pass the next physical agility test.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

If you do not agree to these terms, you may withdraw from consideration or you will be marked as declining the job offer.

OFSR#603

5/96

AGENCY SHOP FEE AGREEMENT

Notice to Employee

Under an act recently passed by the New York State Legislature and by agreement between the City and municipal employee unions, employees in titles which are represented in collective bargaining but who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

Statement

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE FILLED OUT BY THE AGENCY

Notice to Union

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Title Code No. \_\_\_\_\_

Payroll: Bank \_\_\_\_\_ Dept. No. \_\_\_\_\_ Paycheck Frequency\* \_\_\_\_\_

Leave Status: \_\_\_\_\_ Job Code: \_\_\_\_\_ Distribution No. \_\_\_\_\_

Payroll Clerk: \_\_\_\_\_ Payroll Clerk's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Address: \_\_\_\_\_

\_\_\_\_\_  
Name of Union

\*Weekly; bi-weekly; 28 day; monthly; four times a semester

To the Union: Agency Shop fee deduction cannot begin until the above Agency Payroll Section receives this form for further processing.

TO BE FILLED OUT BY THE APPROPRIATE UNION

NOTICE TO AGENCY

Please start Agency Shop deductions for the employee as follows:

Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

It is hereby certified that the above employee is in a title certified to this union and covered under an Agency Shop Fee Agreement currently in effect with the Employer. It is further certified that the amount of Agency Shop fee deduction, as indicated, is the amount equivalent to the amount of dues payable by a member.

Name of Union Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

DESIGNATION OF BENEFICIARY FORM  
UNUSED ANNUAL LEAVE

\_\_\_\_\_  
NAME (print)

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
AGENCY

Payments for accrued leave (annual and compensatory time) are to be paid to the following named beneficiary or beneficiaries as indicated below in the following manner.

- | 1. | NAME OF BENEFICIARY  | RELATIONSHIP | % OF BENEFIT |
|----|--|--------------|--------------|
| 2. | It is my understanding that by not designating a named beneficiary, payments for accrued leave will be paid to my Estate.  |              |              |
| 3. | It is further my understanding that payments for wages due and unpaid at time of death will be made to the deceased's administrator, executor or next of kin, who may not necessarily be the designated beneficiary indicated above on this form. Wages may include the employee's final paycheck for all or part of the regular gross period. |              |              |
| 4. | It is further my understanding that payments for back pay resulting from a collective bargaining settlement will be made to the deceased's administrator, executor or next of kin, who may not necessarily be the designated beneficiary indicated above on this form.   |              |              |

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**ALL PREVIOUSLY DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY DEATH AS SPECIFIED ABOVE.**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE (DO NOT PRINT)

\_\_\_\_\_  
ADDRESS OF EMPLOYEE

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF WITNESS (DO NOT PRINT)

\_\_\_\_\_  
ADDRESS OF WITNESS

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

\_\_\_\_\_  
DATE SIGNED

**NOTE**

IT IS **YOUR** RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.



KINGSBOROUGH  
COMMUNITY  
COLLEGE

The City University  
of New York

Office of Human Resources  
and Labor Relations

I understand that I may be assigned to any office at Kingsborough Community College at the discretion of the College and that my shift assignment is at the discretion of the College.

I also understand that the office to which I am assigned may require overtime for registration or other peak periods for the College and that I am available for such overtime as required.

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Signature of Candidate

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Date



**KINGSBOROUGH COMMUNITY COLLEGE**  
The City University of New York  
*Office of Human Resources*

**M E M O R A N D U M**

**TO:** Kingsborough Community College  
**FROM:** Detrice McPhatter, Benefits Coordinator  
**Date:** August 29, 2012  
**RE:** CUNY's Smoke Free Campus Announcement

As of September 4, 2012 Kingsborough Community College is going smoke free. The new policy prohibits the use of tobacco under CUNY's jurisdiction on all grounds and facilities both indoor and outdoor including locations such as playing fields, entrances and exits to buildings, and parking lots.

Below you will find a list of smoking cessation resources.

**CUNY Work/Life Program**

All CUNY faculty and staff - and their family members - are covered within the CUNY Work/Life Program, a voluntary, free, and confidential benefit administered by Corporate Counseling Associates. CCA's team of experienced counselors is available around the clock to help assess needs and clarify options on an array of daily-life issues, including smoking cessation. **Please call 800-833-8707.** You may also wish to consult the resources available at [www.cuny.edu/worklife](http://www.cuny.edu/worklife) (please enter "smoking cessation" in the search box on the homepage).

**Employee Smoking Cessation Program (ESCAPE)**

All CUNY employees are eligible for the city-administered Employee Smoking Cessation Program (ESCAPE). Available at no charge, this program is a personalized and confidential service to meet the needs of eligible New York City employees who would like to quit smoking. Support is provided by experienced Tobacco Treatment Specialists in person or by phone. **Please call 212-676-2393** for an appointment, and/or visit the website for further information.

**New York City 311 Quit Smoking Assistance Program ([www.nyc.gov](http://www.nyc.gov))**

New York City provides an array of free or low-cost programs and resources to assist with smoking cessation. Please visit to learn more about them, or call 311.

Healthy CUNY ([www.cuny.edu](http://www.cuny.edu))

### NYS Smoker's Quit Line

Tel: 866.697.8487 or Web: [www.nysmokefree.com](http://www.nysmokefree.com) and [www.nyc.gov/apps/311](http://www.nyc.gov/apps/311) or

<http://www.nysmokefree.com/SpecialPages/Showprog.aspx?p=20&p1=20330&r=Region1>

New York State and City offer assistance to help people quit smoking. You can talk to a Quit Coach, receive a free starter kit of nicotine patches or gum, or visit the City's Quit Smoking clinics to receive supportive counseling and medication to help quit smoking. Services are provided at little or no cost.

### Health and Hospital Corporation (HHC) Quit Smoking Clinics ([www.nyc.gov](http://www.nyc.gov))

At public hospitals in New York City, offer a variety of ways to stop smoking, including drug therapy, counseling and case management. Below is a list of the HHC Quit Smoking clinics in NYC.

Brooklyn	Manhattan	Bronx	Queens
Coney Island Hospital (718) 616-5039	Bellevue Hospital Center (212) 562-4748	Segundo Ruiz Belvis Diagnostic & Treatment Center (718) 579-4934	Elmhurst Hospital Center (718) 334-2550
Kings County Hospital Center (718) 245-QUIT/7848	Gouverneur Health Care Services (212) 238-8070	Jacobi Medical Center (718) 918-3784	Queens Hospital Center (718) 883-4208
East New York Diagnostic and Treatment Center (718) 240-0600	Harlem Hospital Center (212) 939-8222	Lincoln Medical and Mental Health Center (718) 579-4934	
Woodhull Medical and Mental Health Center (718) 630-3256 (English) (718) 630-3258 (Espanol)	Renaissance Diagnostic and Treatment Center (212) 939-8222	Morrisania Diagnostic & Treatment Center (718) 579-4934	
Cumberland Diagnostic and Treatment Center (718) 630-3256	Metropolitan Hospital Center (212) 423-7211	North Central Bronx Hospital (718) 519-2425	

If you have any questions please call me at 718-368-6525 or you may contact me via e-mail at [dmcphatter@kbcc.cuny.edu](mailto:dmcphatter@kbcc.cuny.edu)