

2. Have you previously been employed by CUNY? No _____ Yes _____ If yes, please give name of college, dates of employment, title(s) and reason for leaving. _____
3. Have you ever been discharged or asked to resign from any employment? No _____ Yes _____ If yes, please explain briefly. _____
4. List any special skills that you possess that are either required for this job or which you believe will help you perform this job better (eg. office machines, languages, word processor); be specific: _____
5. 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 additional specific information.
6. 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. _____
7. Are you currently a full-time student? Yes _____ No _____
If yes, give name of school _____ Credits earned this semester _____
8. Are you a retiree of both a New York City or State agency and currently collecting a pension? Yes _____ No _____ If yes, are you willing to suspend pension payment if offered a position with CUNY? Yes _____ No _____

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, medical and/or psychological 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.

Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel/Human Resources Director made in writing prior to appointment are official representations. 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 including those made in writing. If such an offer and/or condition is made by those other than the President or Appointing Officer it would be unenforceable because it would be a violation of the University Bylaws, Rules and Regulations, or Collective Bargaining Agreements governing the administrative policies of the University. 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 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: _____

HUMAN RESOURCES MANAGEMENT SERVICES OFFICE ONLY

Date Received: _____ Mailed: _____ Drop In: _____

Word Processing Score: _____ Date: _____ P.O. Staff Initials: _____ (attach summary sheet)

Interview Date: _____ By: _____ Position: _____

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EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION, AMERICAN'S WITH DISABILITIES ACT, AND IMMIGRATION REFORM AND CONTROL ACT EMPLOYER

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)

