

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**THE CITY UNIVERSITY OF NEW YORK**

**EMPLOYMENT APPLICATION**



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## THE CITY UNIVERSITY OF NEW YORK

### Important Notice to Applicants

#### **Non Discrimination**

It is the policy of the City University of New York (CUNY) and its constituent colleges and units to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students, without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, or status as victim of domestic violence.

#### **Disability Accommodation Available for Applicants**

If you require an accommodation for a disability in order to participate in the selection process, please contact the college's Human Resources/Personnel Officer.

#### **Offer of Employment**

Any offer of employment is contingent upon successful completion of CUNY's total employment screening process, including receipt of references that the University and/or College considers satisfactory.

Official representations are solely those made in writing prior to appointment by the University/College executive or manager authorized to make appointments for his/her respective division and area of responsibility.

#### **Post Offer Pre-Employment Medical Examination, Drug Screen, and Physical Fitness Assessment**

For some positions, the hiring department may require a medical examination, drug test, and/or physical fitness assessment as a condition of employment, only if it is relevant to the job. If such is required, it will be stated in the Position Vacancy Announcement or Job Specification.

#### **Employment Eligibility and Identity Documents Verification**

Under *The Immigration and Reform Control Act of 1986*, CUNY is required to verify your employment eligibility and identity within three (3) days of your reporting to work.

If you are claiming preference for military service, you will be required to submit an original *DD214* along with verification of your disciplinary record.

#### **Reference and Background Checking**

Current and former employers may be contacted for verification of any and all information stated in this application and or during any phase of the selection process. In order for CUNY to obtain this information, you will be asked to sign an *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you. For some positions a criminal background check may be required as part of the employment process. Applicants for these positions will be required to complete a personal disclosure and release form before this information may be obtained.



THE CITY UNIVERSITY OF NEW YORK  
APPLICATION FOR EMPLOYMENT

Position Sought: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 If part time, hours available:  
 \_\_\_\_\_ am \_\_\_\_\_ pm  
 Payroll Title: \_\_\_\_\_  
 Position Vacancy Number: \_\_\_\_\_

COLLEGE \_\_\_\_\_

(PRINT)  
Name \_\_\_\_\_  
Last First Middle

If known by another name, please give that name \_\_\_\_\_

Home Address \_\_\_\_\_  
No. Street Apt # City State Zip

Telephone Number \_\_\_\_\_  
Home Day Time

Email Address \_\_\_\_\_

Are you able to perform the essential functions of the position as described in the Position Vacancy Announcement and/or Job Specification with or without reasonable accommodation? Yes \_\_\_ No \_\_\_. If you would require an accommodation to perform the essential functions of this job and you wish to make known at this time what that would be, please indicate:

\_\_\_\_\_  
 \_\_\_\_\_

Please identify if you have any relatives employed in the department for which you are applying. No relatives \_\_\_ Yes, I have (a) relative(s) \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_\_\_

**Applicant Attestation:** *By my signature below, I declare and affirm that I have read and fully understand that:*

*Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume/CV), or in any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired;*

*Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to the hiring official. This verification may, but need not, begin prior to my receiving an offer;*

*An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to the University;*

*No manager or representative of CUNY 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 City University of New York;*

*Any representations that are contrary to these policies, even when made in writing, are unenforceable;*

*Under federal law, CUNY is required to verify my employment eligibility and my identity within three (3) days of my reporting to work. At that time, I must produce legitimate supporting documents.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A. EDUCATION:** Please indicate highest equivalent grade of education completed: Doctorate \_\_\_ Masters \_\_\_  
 Baccalaureate \_\_\_ High School/GED \_\_\_

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

School Name	Location	Major Study	Credits Completed	Degree Received
1.				
2.				
3.				

**B. EMPLOYMENT HISTORY:** Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part time employment. Be sure to include any current CUNY employment held. Attach an extra page, if necessary.

1. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
 Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Base Salary/Indicate One:  
 Annual \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_  
 Hourly \$ \_\_\_\_\_

2. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
 Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Base Salary/Indicate One:  
 Annual \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_  
 Hourly \$ \_\_\_\_\_

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3. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Job Title \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Final Base Salary/Indicate One:

Annual \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Hourly \$ \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Please explain any gaps in employment in excess of two months during the past 15 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**C. Other Important Skills, Competencies, or Experience Not Identified Above:** Identify other important skills, expertise, or related experiences (such as volunteer work, competence in a foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.

\_\_\_\_\_  
\_\_\_\_\_

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**D. Other Background Questions:**

1. Have you previously been employed by CUNY in a position not reported in Section B? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give name of college, name and title of supervisor, dates of employment, title(s), and reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under federal or state law)? No \_\_\_\_\_ Yes \_\_\_\_\_
4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you? No \_\_\_\_\_ Yes \_\_\_\_\_

**Note:** A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with guidelines established by the University and in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. Please explain below all past convictions or currently pending charges against you (as specified in questions 3 and 4 above):

Offense	Date/ Conviction	Name/Location of Court	Disposition including incarceration

6. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, are you willing to suspend pension payment if offered a position with CUNY? No \_\_\_\_\_ Yes \_\_\_\_\_
7. The City University of New York may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons residing in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

**PROFESSIONAL REFERENCES**

Kindly provide name, title, address, daytime telephone number, and company affiliation for each reference listed.

Name, Title	Address/Phone Number	Company Affiliation

**E. Recruitment Source:**

<b>From what source did you learn of this position?</b>	<b>Newspapers/publications</b>	<b>Internet Job Services/University Web Site</b>
Campus Posting Electronic Mail Personal Contact  Other _____	<input type="checkbox"/> New York Times <input type="checkbox"/> Chronicle of Higher Education <input type="checkbox"/> Hispanic Outlook <input type="checkbox"/> Black Issues <input type="checkbox"/> Discipline-Specific Journal  <input type="checkbox"/> Other _____	<input type="checkbox"/> CUNY Web Site <input type="checkbox"/> College Web Site <input type="checkbox"/> Monster.com <input type="checkbox"/> Higheredjobs.com <input type="checkbox"/> Hotjobs.com <input type="checkbox"/> America's Job Bank <input type="checkbox"/> Careerbuilder.com <input type="checkbox"/> Diversity.com  <input type="checkbox"/> Other _____

**AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

**COLLEGE** \_\_\_\_\_

Name of Candidate \_\_\_\_\_  
(PLEASE PRINT)

Position Sought \_\_\_\_\_

I have applied for a position with The City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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