

<b>Name</b>	
<b>Last 5 digits of SSN</b>	
<b>Position</b>	<b>Campus Security Assistant</b>
<b>Department</b>	<b>Campus Public Safety</b>
<b>Job ID:</b>	<b>2059</b>

**Important Notice to Applicants**

**Our Commitment to Diversity**

Diversity and inclusion are core values of The City University of New York (CUNY or The University). We believe adherence to these values creates an environment that best allows our students, faculty and staff to learn, work and succeed. As a University, we strive to respect differences, but more importantly, we seek to leverage the talents of all members of the University community in order to foster academic and administrative excellence. These values make CUNY a great place to learn and work!

**Equal Opportunity and Non-Discrimination Policy**

The University is committed to a policy of equal employment and equal access in its educational programs and activities. Diversity, inclusion, and an environment free from discrimination are central to the mission of the University. It is the policy of the University to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, unemployment status, pregnancy, or status as a victim of domestic violence/ stalking/sex offenses, or any other legally prohibited basis in accordance with federal, state and city laws.

It is also the University's Policy to provide reasonable accommodations, when appropriate, to individuals with disabilities, individuals observing religious practices, employees who have pregnancy or child-birth related medical conditions, or employees who are victims of domestic violence/stalking/sex offenses.

All questions or concerns regarding the University's non-discrimination policy or procedure, or the application of that procedure, should be addressed to the College's Chief Diversity Officer. Inquiries or complaints concerning sex discrimination and harassment may be referred to the College's Title IX Coordinator or to the Office for Civil Rights of the United States Department of Education.

**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 Office of Human Resources.

**Military Service**

If you are claiming preference for military service, you will be required to submit an original DD 214 along with verification of your disciplinary record.

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

For some positions, a medical examination, drug test, and/or physical fitness assessment may be required as a condition of employment. If any examination or assessment is required, it will be stated in the Position Vacancy Notice 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 days of your reporting to work.

**Reference and Background Checking**

Current and former employers may be contacted for verification of any and all information stated in this application or obtained 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. Applicants who do not want their current employer to be contacted prior to receiving an offer of employment are required to make such a request and provide reasons thereof. 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 is obtained.

JOB POSITION							
College	Various	Job ID#	2059	Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	
Position	Campus Security Assistant	If Part-Time, list hours available:	AM		PM		
Contract Title	Campus Security Assistant						

PERSONAL INFORMATION							
Last		First		Middle:			
If known by another name, please provide:							
Address					Apartment Number		
City		State		ZIP Code			
Daytime Phone				Evening Phone			
Email							
Last Five Digits of Social Security Number							
Driver's License Number		Driver's License Class		Driver's License State		Driver's License Expiration Date (mm/dd/yyyy)	

CUNY EMPLOYEE INFORMATION			
Are you a current CUNY Employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is your CUNY Employment Status?	Permanent <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other (please write employment status below)
if yes, at what CUNY College are you currently employed?			

RETIREE/PENSION INFORMATION		
Are you a retiree of either a New York City or State agency or currently collecting a State/City pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are you willing to suspend pension payment if offered a position with CUNY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECURITY GUARD LICENSE	
New York State Security Guard License #	New York State Security Guard License Expire Date (mm/dd/yyyy):

Do you have any relatives employed in the department for which you are applying?	No Relatives <input type="checkbox"/>	Yes, I have (a) relative(s) <input type="checkbox"/>
If you have a relative, please explain below:		

**Qualification Requirements Evaluation**

Your answers to the questions on this page will determine whether you meet the requirements for the title(s) for which you are applying. If you provide information found later to be false, you will be disqualified from the recruitment; if you have already been hired, you will be terminated from your employment.

Mark an X in the appropriate box for each question.

Question	Yes	No
1. Must meet one of the following qualification requirements: a. A total of one (1) year full-time work experience <b>OR</b> b. One (1) year of U.S. Military Service <b>OR</b> c. 60 College credits (with a minimum GPA of 2.0) from a regionally accredited or New York State registered four year college or university <b>OR</b> d. An Associate Degree from a regionally accredited or New York State registered college or University.  <p align="center"><b>AND</b></p>		
2. Are you fluent in English?  Must be able to speak, read, write and comprehend the English Language well enough to meet the minimally acceptable performance standards set for job tasks.  <p align="center"><b>AND</b></p>		
3. Do you have United States Citizenship or Permanent Resident status?  <p align="center"><b>AND</b></p>		
4. Do you have a High School Diploma or GED?  <p align="center"><b>AND</b></p>		
5. Do you possess a valid New York State Security Guard License?* <p align="center">*License must be valid at time of application.</p>		

**Professional References**

The University may conduct a background investigation including, but not limited to, contacting the references that you provide. Please list a minimum of three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

The Authorization to Release of Information Form (page 18) must be completed.

NAME		TITLE	
COMPANY			
ADDRESS (street address, city, state, and ZIP code)			
DAYTIME PHONE		EMAIL	
NAME		TITLE	
COMPANY			
ADDRESS (street address, city, state, and ZIP code)			
DAYTIME PHONE		EMAIL	
NAME		TITLE	
COMPANY			
ADDRESS (street address, city, state, and ZIP code)			
DAYTIME PHONE		EMAIL	
NAME		TITLE	
COMPANY			
ADDRESS (street address, city, state, and ZIP code)			
DAYTIME PHONE		EMAIL	

<b>EDUCATION (Please indicate highest equivalent grade of education completed):</b>						
Doctorate <input type="checkbox"/>	Professional Degree <input type="checkbox"/>	Master's <input type="checkbox"/>	Baccalaureate <input type="checkbox"/>	Associate <input type="checkbox"/>	Trade/Vocational School <input type="checkbox"/>	High School/GED <input type="checkbox"/>

<b>List schools attended, beginning with most recent (university, college, business school, vocational/trade school, high school, etc.)</b>			
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)	DEGREE COMPLETED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)	DEGREE COMPLETED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)	DEGREE COMPLETED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)	DEGREE COMPLETED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>SCHOOL ATTENDED (CONTINUED):</b>			
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)		DEGREE COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)		DEGREE COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)		DEGREE COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)		DEGREE COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL NAME			
LOCATION (street address, city, state, zip)			
MAJOR STUDY			
CREDITS RECEIVED (number)		DEGREE COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Employment History:</b> Begin with present (or last job if currently unemployed) and work back for the last 15 years, listing all full or part-time employment. Be sure to include any current CUNY employment held. Attach additional pages, if necessary.									
EMPLOYER NAME									
JOB TITLE									
ADDRESS (street address, city, state, zip)									
TELEPHONE									
BRIEFLY DESCRIBE DUTIES									
NAME/TITLE OF IMMEDIATE SUPERVISOR									
SUPERVISOR'S TELEPHONE									
DATE EMPLOYED FROM					DATE EMPLOYED TO				
REASON FOR LEAVING									
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK			
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY	

Employment History (continued)								
EMPLOYER NAME								
JOB TITLE								
ADDRESS (street address, city, state, zip)								
TELEPHONE								
BRIEFLY DESCRIBE DUTIES								
NAME/TITLE OF IMMEDIATE SUPERVISOR								
SUPERVISOR'S TELEPHONE								
DATE EMPLOYED FROM					DATE EMPLOYED TO			
REASON FOR LEAVING								
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK		
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			
							HOURLY	



Employment History (continued)									
EMPLOYER NAME									
JOB TITLE									
ADDRESS (street address, city, state, zip)									
TELEPHONE									
BRIEFLY DESCRIBE DUTIES									
NAME/TITLE OF IMMEDIATE SUPERVISOR									
SUPERVISOR'S TELEPHONE									
DATE EMPLOYED FROM					DATE EMPLOYED TO				
REASON FOR LEAVING									
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK			
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY	

Employment History (continued)										
EMPLOYER NAME										
JOB TITLE										
ADDRESS (street address, city, state, zip)										
TELEPHONE										
BRIEFLY DESCRIBE DUTIES										
NAME/TITLE OF IMMEDIATE SUPERVISOR										
SUPERVISOR'S TELEPHONE										
DATE EMPLOYED FROM					DATE EMPLOYED TO					
REASON FOR LEAVING										
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK				
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY		

Employment History (continued)									
EMPLOYER NAME									
JOB TITLE									
ADDRESS (street address, city, state, zip)									
TELEPHONE									
BRIEFLY DESCRIBE DUTIES									
NAME/TITLE OF IMMEDIATE SUPERVISOR									
SUPERVISOR'S TELEPHONE									
DATE EMPLOYED FROM					DATE EMPLOYED TO				
REASON FOR LEAVING									
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK			
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY	

Employment History (continued)									
EMPLOYER NAME									
JOB TITLE									
ADDRESS (street address, city, state, zip)									
TELEPHONE									
BRIEFLY DESCRIBE DUTIES									
NAME/TITLE OF IMMEDIATE SUPERVISOR									
SUPERVISOR'S TELEPHONE									
DATE EMPLOYED FROM					DATE EMPLOYED TO				
REASON FOR LEAVING									
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK			
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY	

Employment History (continued)									
EMPLOYER NAME									
JOB TITLE									
ADDRESS (street address, city, state, zip)									
TELEPHONE									
BRIEFLY DESCRIBE DUTIES									
NAME/TITLE OF IMMEDIATE SUPERVISOR									
SUPERVISOR'S TELEPHONE									
DATE EMPLOYED FROM					DATE EMPLOYED TO				
REASON FOR LEAVING									
FULL TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PART TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVERAGE HOURS WORKED PER WEEK			
SALARY (complete one)	GROSS ANNUAL				GROSS WEEKLY			HOURLY	

<b>F. How did you learn about this position? Check all that apply</b>	
	College Human Resources Office
	College Website
	CUNY Website (cuny.edu or cuny.jobs)
	Someone I know who works at CUNY
	Union Office
	Search Engine (Bing, Google, etc.)
	Printed Advertisement
	External Job Board
	Government Job Bank or Resource Agency (Veterans' Vocational Rehabilitation, Other)
	Job Fair, Conference, or Convention
	Professional or academic group, contact, or referral
	Social Media (LinkedIn, Facebook, Academia.edu, etc.)
	Search Firm
	Other General Category (Please explain):

## Voluntary Self-Identification Demographic Questions

The City University of New York is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcements. When reported, the data will not identify any specific individual.

*(Please mark all that apply. If you do not wish to disclose the information, please mark the appropriate circle.)*

### **Please indicate your Gender:**

- Female
- Male
- I prefer not to disclose this information

### **Are you Hispanic?**

- Yes
- No
- I prefer not to disclose this information

### **What is Your Race or Ethnicity?**

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Italian-American
- Native Hawaiian or Other Pacific Islander
- Puerto Rican
- White
- I prefer not to disclose this information

### **Voluntary Self-Identification of Disability**

The City University of New York is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcements. When reported, the data will not identify any specific individual.

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities<sup>1</sup>. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive-compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

***(Please mark all that apply. If you do not wish to disclose the information, please mark the appropriate circle. )***

**Are you an individual who has a physical or any other disability?**

- Yes
- No
- I prefer not to disclose this information

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

**If you identify as an individual who has a physical or any other disability, do you require special working accommodations?**

- Yes
- No
- I prefer not to disclose this information

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).



### Voluntary Self-Identification Military Status

The City University of New York is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcements. When reported, the data will not identify any specific individual.

*(Please mark all that apply. If you do not wish to disclose the information, please mark the appropriate circle.)*

- NOT a Veteran**
- Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the US Military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)
- Disabled Veteran:** Either (1) a veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran:** A veteran who served on active duty in the US military, ground, naval or air service during a war or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- Recently Separated Veteran:** A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
  - Discharge Date (mm/dd/yyyy): \_\_\_\_\_
- I prefer not to disclose this information**

*Please note: Some veterans may be eligible for additional points on the examination. Please see the Notice of Examination for more information.*

College:	Various
Position Sought:	Campus Security Assistant
Job ID:	2059

<b>Authorization to Release Reference Information</b>	
<p>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.</p> <p>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.</p> <p>A photocopy or fax of this authorization shall be as valid as the original.</p>	
Printed Name	
Signature	
Date	

***The City University of New York is an equal employment / affirmative action employer and does not discriminate on the basis of any attribute protected by federal, state or local laws***

College:	Various
Position Sought:	Campus Security Assistant
Job ID:	2059

**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 either prior to or after receiving an offer of employment;

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 employment at CUNY;

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 identity within three days of my reporting to work. At that time, I must produce appropriate supporting documents.

Printed Name	
Signature	
Date	