

Name	
Last 5 digits of SSN	
Position	Campus Public Safety Sergeant
Department	Campus Public Safety
Job ID:	2092

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: 2092	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Position: Campus Public Safety Sergeant	If Part-Time, list hours available: AM: _____ PM: _____		
Contract Title: Campus Public Safety Sergeant			

PERSONAL INFORMATION		
Last:	First:	Middle:
If know by another name, please provide:		
Address:		Apt Number:
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	
Email:		
Last Five Digits of Social Security Number:		
Driver's License:	Driver's License Class:	
Driver's License State:	Driver's License Expiration Date (MM/DD/YY):	

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 Collage are you currently employed?:

RETIRE/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 Security Guard License Expiration Date (MM/DD/YY):

OTHER
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
A. Baccalaureate degree from an accredited college in Criminal Justice, Police Science, or a related field, OR B. A baccalaureate degree from an accredited college in a field other than those listed in 'A' above and one (1) additional year as a Campus Peace Officer (for a total of three (3) years); OR C. An Associates degree or sixty (60) credits from an accredited college, OR D. Thirty (30) college credits from an accredited college and an additional four (4) years as a Campus Peace Officer (for a total of six (6) years); OR E. Thirty (30) college credits from an accredited college and three (3) years of full-time active military experience plus one (1) additional year of either active military service or Campus Peace Officer experience (for a total of six (6) years)		
Do you possess a Driver's License valid in the state of New York? * ** * Learner's Permits, Temporary Permits, or receipts listing an appointment for a road test are not acceptable. ** Campus Peace Officer and Campus Public Safety Sergeant titles require a valid New York state driver license.		
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.)		
Are you a resident of New York State?		
Are you a United States Citizen?		
Do you hold a New York State Peace Officer Status?		

PROFESSIONAL REFERENCES	
<p>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.</p> <p>The Authorization to Release of Information Form (page 18) must be completed.</p>	
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:

Have a copy of your high school diploma or GED sent directly to CPS HR Consulting. All scores will be conditional upon receipt and review of this document. CPS HR Consulting will accept diplomas sent by the following methods:

- A. By US Mail: CPS HR Consulting
Attn: Campus Public Safety Sergeant
2450 Del Paso Road, Ste 160
Sacramento, CA 95834
- B. By Email: Email a scanned copy to: CUNYSupport@cpshr.us
Subject Line: Campus Public Safety Sergeant
- C. By Fax: 916-561-7230

EDUCATION (Please indicate highest equivalent grade of education completed):						
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"/>

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

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

EMPLOYMENT HISTORY: 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 code):			
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 code):			
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 code):			
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 code):			
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 code):			
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 code):			
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 code):			
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:

HOW DID YOU LEARN ABOUT THIS POSITION? Check all that apply	
	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 disabilities¹. 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
- Autism
- Bipolar Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Deafness
- Cerebral Palsy
- Major Depression
- Obsessive-Compulsive Disorder
- Cancer
- HIV/AIDS
- Multiple Sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular Dystrophy

(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

¹ 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.

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	
Position	Campus Public Safety Sergeant
Job ID	2092

Authorization to Release Reference Information

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.

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	
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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: