

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

Position Name & Number: \_\_\_\_\_

**THE CITY UNIVERSITY OF NEW YORK**

**EMPLOYMENT APPLICATION**



/

## 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, alien, age, 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.

**READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM**

You are required to list your relevant training and work experiences on this Application Form. The information you enter on this form is the basis for determining your qualifications for appointment to the position and will be verified. You must complete this form accurately. Any missing information, illegible, unclear, or lacking in sufficient detail will result in no credit being earned and you may be found to be “not qualified.” You will also be disqualified if your statements are found to be false, exaggerated, or misleading.

**CUNY cannot credit you for any training or work experience that you do not list on this application form.** If you need additional space, attach additional sheets and mark them as additional information. Be sure to include your social security number and exam number on each additional sheet. You will not be permitted to provide new information AFTER the close of the filing period.

**Your answers to the questions on the page will determine whether you meet the requirements for the title (s) for which you have applied. You must meet the stated requirements for the job to move forward with this application process.** 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.

**NOTE: Your resume/college transcript cannot be used in place of your documenting the required information on this form; there will be no exceptions. Resumes and college transcripts will not be used to determine the training and work experiences you have completed.**

## APPLICATION FOR EMPLOYMENT

(PRINT)

1. Position Name & Number \_\_\_\_\_

2. Name \_\_\_\_\_

Last

First

Middle Initial

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

3. Social Security Number: \_\_\_\_\_

4. Home Address:

\_\_\_\_\_

No.	Street	Apt #	City	State	Zip
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5. Telephone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Day Time / Cell

6. Email Address \_\_\_\_\_

7. Do you have any relatives employed at any CUNY Campus? Yes, I have (a) relative(s) \_\_\_\_\_ No \_\_\_\_\_

If yes, please tell us their name, and Campus work location: \_\_\_\_\_

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

9. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. If yes, are you willing to suspend pension payment if offered a position with CUNY? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are you a **current** CUNY Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your current CUNY employment status

Permanent \_\_\_\_\_ Provisional \_\_\_\_\_ Other \_\_\_\_\_

12. Are you able to perform the essential functions of the position as described in the Position Vacancy Announcement and/or Job Specification? Yes \_\_\_\_\_ No \_\_\_\_\_.

## Additional Questions:

These additional questions must be answered in order to be considered for the Project Manager Title.

### Education and Experience Question: please select one of the choices below:

- A four-year high school diploma and six (6) years of experience in one or more of the following: planning, administering, or expediting architectural/engineering design and/or construction of a non-industrial building to be occupied by people for educational use requiring a certificate of occupancy.
- An Associates' degree in engineering, architecture, or landscape architecture with four (4) years of experience with non-industrial buildings to be occupied by people for educational use requiring a certificate of occupancy.
- A Baccalaureate degree in engineering, landscape architecture or a related field with two (2) years of experience with non-industrial buildings to be occupied by people for educational use requiring a certificate of occupancy.
- A Baccalaureate degree in architecture with one (1) year of experience with non-industrial buildings to be occupied by people for educational use requiring a certificate of occupancy.

### Additional Experience Question:

If you have more than six (6) years of planning, administering or expediting architectural/engineering design and/or construction of a non-industrial building to be occupied by people for educational use requiring a certificate of occupancy, please indicate the additional number of years here.

**\*Please add whole numbers for years of experience**

If the answer to the above questions is "None of the above," please leave all questions blank and initial here to indicate you have read this page: \_\_\_\_\_

### Do you have: (select all that apply):

- Master's degree in engineering (copy of degree or official transcript required)
- Master's degree in landscape architecture (copy of degree or official transcript required)
- Master's degree in architecture (copy of degree or official transcript required)
- Registered Architect License (copy of license)
- Professional Engineer License (copy of license)
- Registered Landscape Architect License (copy of license)
- NY City License Plumber (copy of license required)
- NY City License Electrician (copy of license required)

If the answer to the above questions is "None of the above," please leave all questions blank and initial here to indicate you have read this page: \_\_\_\_\_

**A. EDUCATION:** Please indicate highest grade of education completed:

Doctorate \_\_\_ Masters \_\_\_ Bachelor's \_\_\_ High School/GED \_\_\_ Trade / Vocational \_\_\_

How Many College Credits have you earned? \_\_\_\_\_

List schools attended, beginning with most recent (college, business school, high school, vocational or trade school, etc). Attach additional pages if needed and clearly label those pages

School Name	Address/Location	Major Study	Dates Attended	Date Degree Received	Credits Completed
1.					
2.					
3.					

**Courses/Specialized Training**

Use the space below to list the courses you have successfully completed that indicate you have met the minimum qualifications (refer to the Notice of Examination / job description). In the column headed, "Level" print "H" for high school, "U" for undergraduate, "G" for graduate, or "T" for a union training, trade, or apprenticeship program. You must specify whether you are reporting time in hours or credits. Use additional attachments, if needed. Be sure to include your social security number and examination number on each additional sheet.

Institution Name /Address	Exact Course Title	Level	Date Completed	Credits Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. EMPLOYMENT HISTORY:**

Begin with your 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 extra pages and label them clearly if necessary. Be sure to include your social security number and examination number or position applying for on each additional sheet.

Describe your work history, including part-time experience. Describe relevant experience in the armed forces, listing MOS, DMOS, and type of discharge. If you are or have been in business for yourself, enter "self-employed" on the line labeled "Name and Address of Employer".

**NOTE:** Part-time experience of at least 20 hours per week may be prorated and credited instead of, but not in addition to, full time experience during the same period, if permissible by the title qualifications. Part-time experience of less than 20 hours per week will not be credited at all.

**JOB 1.** Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Final Base Salary: ( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_ ( ) Hourly \$ \_\_\_\_\_

Employment type: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

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

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

Nature of Employer's Business: \_\_\_\_\_

May CUNY contact this employer prior to your being hired at CUNY? Yes ( ) No ( )

Contact Address & Telephone Number \_\_\_\_\_

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

**JOB 2.** Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Final Base Salary: ( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_ ( ) Hourly \$ \_\_\_\_\_

Employment type: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

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

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

Nature of Employer's Business: \_\_\_\_\_

May CUNY contact this employer prior to your being hired at CUNY? Yes ( ) No ( )

Contact Address & Telephone Number \_\_\_\_\_

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

**JOB 3.** Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Final Base Salary: ( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_ ( ) Hourly \$ \_\_\_\_\_

Employment type: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

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

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

Nature of Employer's Business: \_\_\_\_\_

May CUNY contact this employer prior to your being hired at CUNY? Yes ( ) No ( )

Contact Address & Telephone Number \_\_\_\_\_

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

**JOB 4.** Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Final Base Salary: ( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_ ( ) Hourly \$ \_\_\_\_\_

Employment type: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

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

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

Nature of Employer's Business: \_\_\_\_\_



May CUNY contact this employer prior to your being hired at CUNY? Yes ( ) No ( )

Contact Address & Telephone Number \_\_\_\_\_

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

\_\_\_\_\_

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**B. EMPLOYMENT HISTORY continued:**

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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 briefly explain.

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

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

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

## C. Licenses and Certificates

Refer to the Notice of Examination or job description to see if a license or certificates is required. If it is, and you possess this license or certificate, fill in the following information. You may describe additional licenses or certificates using the same format on an additional sheet. Be sure to include your social security number and examination number or position applying for on each additional sheet.

1. Title of License or Certificate: \_\_\_\_\_

Issued by: \_\_\_\_\_

Date issued: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Title of License or Certificate: \_\_\_\_\_

Issued by: \_\_\_\_\_

Date issued: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Driver's License

Name as it appears on license: \_\_\_\_\_

State Issuing License: \_\_\_\_\_

Class: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(When documenting a driver's license, be sure to indicate class and relevant endorsement and restrictions.)

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

**D. Recruitment Source:**

**From what source did you learn of this position?**

- Campus Posting
- Electronic Mail
- Personal Contact
- New York Times
- Chief
- Chronicle of Higher Education
- CUNY Web Site
- College Web Site
- Monster.com
- Higheredjobs.com
- Hotjobs.com
- Careerbuilder.com
- Other \_\_\_\_\_

**Applicant Attestation:** By my signature below, I declare and affirm that I have read and fully understand the following: (1) 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 application), or in any oral statements I may make during the selection process shall be sufficient cause for immediate rescission of my appointment in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired; (2) that my present/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; (3) that 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 College; (4) that this verification may, but need not, begin prior to my receiving an offer; (5) that 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 University and any such representations contrary to these policies, even when made in writing, are unenforceable; (6) that under Federal law, CUNY is required to verify my employment authorization and my identity within three [3] days of my reporting to work, and that I must produce legitimate supporting documents. (7) I may be entitled to receive a filing fee waiver under Section 50.5(b) of the Civil Service Law, but that I am not eligible for a refund for failing this examination, if required to pay the filing fee. I also understand that I will be evaluated only on the information submitted within this Application Form.

**Applicant Signature:** \_\_\_\_\_

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

**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 \_\_\_\_\_