The City University of New York
CUNY SCHOOL OF LAW
Law in the Service of Human Needs

Required Documentation for Graduate B’s Appointment

**COMPLETE ALL THE FOLLOWING REQUIRED PROCEDURES AND FORMS PRIOR TO FIRST DAY OF EMPLOYMENT:**

PRIOR TO THE FIRST DAY OF EMPLOYMENT

CUNY Employment Application
Personal Data Form
Amended Constitutional Oath
Certification of Prior Public Service (Form 210)
Short Curriculum Vitae form

I-9 Instructions and form

The I-9 form must be completed in person so original documents can be examined. The I-9 form must be completed **no later than 3 days of appointment** to title. If alien authorized to work ensure that the alien registration number and the work authorization expiration date are noted on the I-9. Ensure that the documents are listed in the correct list and have signed by the authorized official of the department. The date of signing should coincide with the date the employee signs.

If a non-resident alien visa holder, i.e. F-1 or J-1 attach a copy of the updated work authorization and a copy of the foreign passport and visa with the I-94 departure record

W-4 Federal Withholding Certificate
IT-2104 or IT-2104-E (exempt from State taxes) State & Local Withholding Certificate
New Employee Tax compliance Notification Sheet (ONLY for NRA – Visa holder)
Direct Deposit Form (optional)

THE FOLLOWING DOCUMENTATION IS REQUIRED:

Social Security Card **(REQUIRED FOR PAYROLL PURPOSES ONLY)**
Provide original card or letter from Social Security Administration to the HR staff

Highest Degree
Submit an official transcript **only** or an original degree to HR Department to photocopy

Acceptance Letter
Letter of appointment from the department head of Academic Affairs

Non-Resident Alien ONLY
Unexpired work authorization for NRA
Unexpired foreign passport, visa with I-94 departure record, IAP66, and SD20-19
THE CITY UNIVERSITY OF NEW YORK

EMPLOYMENT APPLICATION

Important Notice to Applicants

Non Discrimination
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, 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.

All questions or concerns regarding the University's non-discrimination policy or 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 of 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 Human Resources 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 the 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 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 (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 is obtained.
THE CITY UNIVERSITY OF NEW YORK
APPLICATION FOR EMPLOYMENT

College: 
Job ID#: 
☐ Full-time  ☐ Part-time

Position: 
If part-time, hours available: A.M.  P.M.

Contract Title: 

Personal Information

Last: 
First: 
Middle: 

If known by another name, please provide: 

Address: Apt. #  

City: State: Zip Code: Daytime Phone #: 

email: Evening Phone #: 

Are you able to perform the essential functions of the position as described in the Position Vacancy Notice and/or Job Specification with or without reasonable accommodation?  ☐ Yes  ☐ No

If no and 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 specifically requested 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 identity within three (3) days of my reporting to work. At that time, I must produce legitimate supporting documents.

Signature:  
Date: 

CUNY Employment Application - Page 2
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.):

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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.

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Briefly describe duties

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Please explain any gaps in employment in excess of two (2) months during the past 15 years

C. Important skills, competencies, or experience not identified above (Identify other important skills, competencies, expertise, or related experiences (such as volunteer work, competence in foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.)

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

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

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 law or state law)?
   - Yes
   - No

4. Are there any criminal charges or violations (except for traffic violations) currently pending against you?
   - Yes
   - No

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 of conviction
   - Name and location of Court
   - Disposition including incarceration
   - Offense
   - Date of conviction
   - Name and location of Court
   - Disposition including incarceration
   - Offense
   - Date of conviction
   - Name and 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?
   - Yes
   - No

   If yes, are you willing to suspend pension payment if offered the position with CUNY?
   - Yes
   - No

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:

Name, Title
Company Affiliation
Address
Daytime Phone #
email

Name, Title
Company Affiliation
Address
Daytime Phone #
email

Name, Title
Company Affiliation
Address
Daytime Phone #
email
### E. Recruitment Source:

<table>
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<tr>
<th>From which source did you learn of this position?</th>
<th>Newspapers / Publications</th>
<th>Internet Job Services / University web site</th>
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<tbody>
<tr>
<td>○ Campus Posting</td>
<td>○ New York Times</td>
<td>○ CUNY Web Site</td>
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<tr>
<td>○ Electronic Mail</td>
<td>○ Chronicle of Higher Education</td>
<td>○ College Web Site</td>
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<tr>
<td>○ Personal Contact</td>
<td>○ Hispanic Outlook</td>
<td>○ Monster.com</td>
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<td>○ Other</td>
<td>○ Black Issues</td>
<td>○ Higheredjobs.com</td>
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<td>○ Discipline-specific journal</td>
<td>○ Hotjobs.com</td>
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<td>○ Other</td>
<td>○ America's Job Bank</td>
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<td>Name</td>
<td>○ Careerbuilder.com</td>
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<td>○ Diversity.com</td>
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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.

Signature __________________________ Date __________________________
CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS, one character per space.

SSN # ______________________ DATE: __________ / __________ / _________

LNAME ______________________ FNAME ______________________ M.I. __________

Please list below any other name you may be known by (this includes maiden name):

LNAME ______________________ FNAME ______________________ M.I. __________

STREET ADDRESS __________________________ APT # __________

CITY OR TOWN ___________________________

STATE __________________________ ZIPCODE __________ __________ __________

HOME PHONE # (_______) _______ _______ WORK PHONE # (_______) _______ _______

LICENSE OR PROFESSIONAL REGISTRATION:
(If required for position or as stated in the vacancy notice or exam announcement, such as driver's license, engineer's license, etc.)

1. Name of License/Registration valid in NYC __________________________ License # __________________________

Name of Issuing Agency ________________________________________________

Date Originally Issued __________________________ Date Last Renewed __________________________

Renewal No. (if any) ________________________________________________ Date of Expiration __________________________

Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________

________________________________________________________________________

2. Name of License/Registration valid in NYC __________________________ License # __________________________

Name of Issuing Agency ________________________________________________

Date Originally Issued __________________________ Date Last Renewed __________________________

Renewal No. (if any) ________________________________________________ Date of Expiration __________________________

Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________

________________________________________________________________________
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.

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<th>Date of Conviction (Mo/Yr)</th>
<th>Offense of which you were convicted</th>
<th>Name/location of court</th>
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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

I

(Print name), residing at

(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’ Date

Status

Completed by

Title

Date

HR/Personnel Director

(Signature)

OFSR-Form 602a R.1-11-05
The City University of New York
CUNY SCHOOL OF LAW
Law in the Service of Human Needs

Human Resources / Payroll Dept
hrpayroll@mail.law.cuny.edu
(718) 340-4223 Ext: 8-4223
2 Court Square, Suite 5-109
2 Court Square, Suite 5-109
(718) 340-4434 Fax
Long Island City, NY 11101-4356

Personal Data Form

Employee Name: ____________________________

Social Security Number: __________________ Date of Birth __________________

Permanent Address: _______________________

City: __________________ State: ___________ Zip: ___________

Day Phone #: (____) ______________________ Email: ______________________

Gender: □ Female □ Male □ Transgender Marital Status: □ Single □ Married

Highest Educational Level

Degree: __________________ Date Received: __________________

School Name: __________________ Major Study: __________________

Military Status (If none, write "NONE"): __________________

Emergency Contact Information

Name: __________________ Relationship: __________________

Home Phone #: (____) __________________ Business Phone #: (____) __________________

*Ethnicity

□ American Indian or Alaskan Native
□ Asian
□ Black (Not Hispanic)
□ Hispanic (Not Puerto Rican)
□ Italian American
□ Native Hawaiian or Pacific Islander
□ Puerto Rican
□ White (Not Hispanic)

Citizenship Status

U.S. Citizen
□ Yes
□ No

If No: Country of Citizenship

□ Resident Alien
□ Non-Resident Alien

Type of Visa:

______________________________ Today’s Date: __________________

*We are required by law to monitor our Affirmative Action Program and to collect gender and ethnicity data on all employees under Federal Executive Order #11246. Submission of this information is voluntary.
AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT
(In compliance with section 62 of the NY State Civil Service Law)

“I do hereby pledge and declare that I will support the constitution of the United States, and the constitution of the state of New York, and that I will faithfully discharge the duties of the position of ________________________________; according to the best of my ability.”

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THE CITY UNIVERSITY OF NEW YORK: FORM 210
Certification of Prior NYS or NYC Public Service
Collection of Public Pension Funds: Calendar Year _________

Dear CUNY job candidate:

The New York State Retirement and Social Security Law requires retirees of a public pension plan with the State or City of New York to disclose prior public employment and pension plan history to The City University of New York for the purpose of establishing a retiree's eligibility for employment. Failure to disclose such information can result in the suspension or diminution of the retiree’s public pension benefits.

INSTRUCTIONS: Please complete Sections A, B, and C as they pertain to you, and sign the bottom portion of the form. A copy of this form will be required to be submitted prior to any appointment decision made by the college. You are responsible for forwarding a copy of the signed form to the college personnel office. (Adjuncts who have checked #2 in Section B must submit this form every semester in which their employment continues).

Section A

Name (last, first) ____________________________ Social Security Number ____________________________

Position Applied for ____________________________ College ____________________________

Section B Affidavit of Prior Service (Please check the one which applies to you):

1. _____ I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State.

2. _____ I am a former employee of ____________________________ of the City or State of New York and:

   _____ I am collecting a retirement benefit from a public pension system (including an ORP) maintained by the State or City of New York (please provide pension plan name) ____________________________

   _____ I am not collecting a retirement benefit based upon this public service;

Section C Current Positions in Public Service (Please check one of the following only if you checked one of the following in Section B):

1. _____ I am not currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year.

2. _____ I am now working for, or have worked for during the calendar year, another public service agency, organization, or jurisdiction funded by New York City or New York State (please provide details of this employment):

   ______________________________________________________________________________________

   ______________________________________________________________________________________

Attestation: I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature: ____________________________ Date: ____________________________

 Witnessed by: ____________________________ Title: ____________________________ Date: ____________________________

 Received by: ____________________________ Title: ____________________________ Date: ____________________________
SHORT CURRICULUM VITAE FOR GRADUATE ASSISTANTS

This form is to be submitted to Dean Anderson's office for each appointment or reappointment of a Graduate Assistant

Name

Department

Dates of Appointment / Reappointment:

Degree Conferred:

Present Graduate Study

<table>
<thead>
<tr>
<th>Program</th>
<th>Institution</th>
</tr>
</thead>
</table>

Department Chairperson Signature

Date

Human Resource Director / Designee Signature

Date
**Employment Eligibility Verification**

**Department of Homeland Security**
**U.S. Citizenship and Immigration Services**

**START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number):
  ____________________________

- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) __________________. Some aliens may write "N/A" in this field. (See instructions)
  For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

  1. Alien Registration Number/USCIS Number: ____________________________

  OR

  2. Form I-94 Admission Number: ____________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

<table>
<thead>
<tr>
<th>Foreign Passport Number</th>
<th>Country of Issuance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ____________________________

Date (mm/dd/yyyy): ____________________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ____________________________

Date (mm/dd/yyyy): ____________________________

Last Name (Family Name) ____________________________

First Name (Given Name) ____________________________

Address (Street Number and Name) ____________________________

City or Town ____________________________

State ____________________________

Zip Code ____________________________

**Employer Completes Next Page**
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

Employee Last Name, First Name and Middle Initial from Section 1:

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
</tr>
<tr>
<td></td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
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<td></td>
<td>Document Title:</td>
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<td>Issuing Authority:</td>
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<td>Document Number:</td>
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</tr>
<tr>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ____________ (See instructions for exemptions.)

Signature of Employer or Authorized Representative: ____________________________ Date (mm/dd/yyyy): ____________ Title of Employer or Authorized Representative: ____________________________

Last Name (Family Name) ____________________________ First Name (Given Name) ____________________________ Employer’s Business or Organization Name: ____________________________

Employer’s Business or Organization Address (Street Number and Name): ____________________________ City or Town: ____________________________ State: ______ Zip Code: ______

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) ____________________________ First Name (Given Name) ____________________________ Middle Initial: ____________________________ B. Date of Rehire (if applicable) (mm/dd/yyyy): ____________

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: ____________________________ Document Number: ____________________________ Expiration Date (if any) (mm/dd/yyyy): ____________

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: ____________________________ Date (mm/dd/yyyy): ____________ Print Name of Employer or Authorized Representative: ____________________________
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish</td>
<td>Documents that Establish</td>
<td>Documents that Establish</td>
</tr>
<tr>
<td>Both Identity and</td>
<td>Identity</td>
<td>Employment Authorization</td>
</tr>
<tr>
<td>Employment Authorization</td>
<td>AND</td>
<td></td>
</tr>
</tbody>
</table>

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record
13. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION

2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
The City University of New York ("CUNY")

New Employee Tax Compliance Notification Sheet

The Internal Revenue Service ("IRS"), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to non-U.S. citizens. As a result, The City University of New York ("CUNY") may be required to withhold U.S. income tax and file reports with the IRS in connection with payments made by CUNY to employees (e.g., faculty, staff, and student employees) who are not U.S. citizens or permanent resident aliens (i.e., greencard holders) and who receive payments for services. In addition, CUNY is required to report such payments to the IRS.

All individuals who are not citizens or permanent resident aliens of the United States are required to complete an Individual Record using the GLACIER Online Tax Compliance System. If you are a new employee, you must go in person to receive a password and instructions of how to access GLACIER from the Nonresident Alien Tax Specialist. If you have already completed your Individual Record in GLACIER, additional or updated information may be required.

GLACIER is accessible via the Internet from any web-accessible computer from anywhere in the world. When you receive your password and instructions, please complete the information in GLACIER immediately. GLACIER is simple and convenient to use; however, if you need assistance, you should contact the Nonresident Alien Tax Specialist. Once you have completed the information in GLACIER, you must schedule an appointment with the Nonresident Alien Tax Specialist; please bring all completed forms and original documents to the appointment.

Please note: You must complete the entire process within 7 business days from the date you sign this notification sheet. If you do not complete the entire process within 7 business days, the maximum rate of U.S. federal income tax and all other applicable taxes, including FICA, will be withheld from all payments until you access GLACIER to input information and submit your forms for processing. Any tax withheld because the required tax information was not provided will not be refunded by CUNY.

The Nonresident Alien Tax Specialist is located at:

CUNY School of Law
2 Court Square, Suite 5109
Long Island City, NY 11101
Telephone: 718-340-4229
Fax: 718-340-4434
Email: Carmen.vason@law.cuny.edu

I have been notified of my requirement to complete certain information in GLACIER. I understand that I must go to the Nonresident Alien Tax Specialist's office to obtain access and instructions for GLACIER.

____________________________
Employee Name (Print)

____________________________
Employee Signature

____________________________
Date

____________________________
E-mail Address (CUNY email preferred)

____________________________
Employee Phone Number

____________________________
Form I-9 Certifier Signature

____________________________
Date

Original to Nonresident Alien Tax Specialist
Copy to Employee
Copy to Form I-9 Certifier

July 1, 2006
CUNY-06-70040

Arctic International LLC 2006
# Direct Deposit Form for NYS Employees

**(To be used for enrollment, changes and cancellations)**

## Section A: Employee Information

NAME (LAST, FIRST, MI) ___________________________ WORK PHONE #(_______)

NYS EMPLID # N ___ ___ ___ ___

AGENCY/DEPT CODE ___ ___ ___

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

## Section B: Account Type

<table>
<thead>
<tr>
<th>New or Additional *</th>
<th>Change Joint Account Holder *</th>
<th>Change Amount or Percentage</th>
<th>Cancel</th>
<th>Name of Financial Institution</th>
<th>Account Number</th>
<th>Amount, Percentage or Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Savings ☐ Checking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Savings ☐ Checking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Savings ☐ Checking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.*

## Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee’s name MUST appear on the account(s).

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

1. NAME OF FINANCIAL INSTITUTION ___________________________ Account Type ☐ Savings ☐ Checking

Depositor’s Account Number (EFT Format) ___________________________ Routing Number ___________________________

Print or Type Representative’s Name ___________________________ Signature of Representative ___________________________ Telephone Number ___________________________ Date ___________________________

2. NAME OF FINANCIAL INSTITUTION ___________________________ Account Type ☐ Savings ☐ Checking

Depositor’s Account Number (EFT Format) ___________________________ Routing Number ___________________________

Print or Type Representative’s Name ___________________________ Signature of Representative ___________________________ Telephone Number ___________________________ Date ___________________________

3. NAME OF FINANCIAL INSTITUTION ___________________________ Account Type ☐ Savings ☐ Checking

Depositor’s Account Number (EFT Format) ___________________________ Routing Number ___________________________

Print or Type Representative’s Name ___________________________ Signature of Representative ___________________________ Telephone Number ___________________________ Date ___________________________

## Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature ___________________________ Date ___________________________

B-1 Joint Account Holder ___________________________ Date ___________________________

B-2 Joint Account Holder ___________________________ Date ___________________________

B-3 Joint Account Holder ___________________________ Date ___________________________

This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form.
INSTRUCTIONS: Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS: Employee must complete Sections A, B, and D for each new/additional account or for changes in account holders. See instructions below for Section C.

Section A: Indicate your name, work phone number, NYS EMPLID and Agency/Department code.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

- Employees may choose up to seven fixed amount or percentage deposits, as well as one excess (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. $100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “excess” to deposit the remainder of monies after all other distributions.

Section C: For Savings Accounts, this section must be completed by your financial institution(s). For Checking Accounts, this section must be completed by your financial institution(s) if you are not attaching a voided personal check. The employee’s name must appear on the account.

Section D: The Employee/Joint Account Holder Certification must be signed by the employee in all instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CHANGES TO MONEY OR PERCENTAGE AMOUNT: Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments. Joint account holder’s signature is not required for these transactions.

CANCELLATIONS: The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee must complete Sections A, B and D of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder’s signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

NOTE: Direct deposit advice statements are distributed by the enrollee’s agency. If the statement is unclaimed, it will be held by the agency for thirty (30) days after which time the statement will be destroyed.

New York State Personal Privacy Law Notification
The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee’s failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.