

Required Documentation for College Assistant Staff

COMPLETE ALL THE FOLLOWING AND PROVIDE ALL REQUIRED DOCUMENTATION PRIOR TO THE FIRST DAY OF EMPLOYMENT TO AVOID DELAY IN PROCESSING AND COMPENSATION

FINGERPRINTING – Follow the attached instructions for "Procedures for Candidates Fingerprinting Using". You will need the ORI number: NY931680Z and School Code number: 70150 to complete the process of your fingerprinting. Once completed the receipt for the fingerprinting service **must** be submitted with the documentation mentioned below.

CUNY PROCESSING FEE - An eligibility determination fee in form of a U.S. Postal Money Order in the amount of \$10.00 is payable to **CUNY**. You must pay if the appointment assigned to work at least 240 hours or if you are a former CUNY hourly employee with a break in service of more than one year. The fee of \$10.00 must be paid **only** in the form of a U.S. Postal Money Order.

EXCEPTION TO CUNY PROCESSING FEE: Any appointments assigned to work less than 240 hours or a former CUNY hourly employee with a break in service of less than one year the \$10.00 fee is waived.

Personal Data Form

CUNY Employment Application – (there is a fill-in format on our web page)

Conviction Notice & License Registration Form

Certification of Prior Public Service (Form 210)

Amended Constitutional Oath

I-9 Instructions and form (there is a fill-in format on our web page) - Must be completed in person, no later than 3 days after the appointment date. Provide original unexpired documents as stated on the acceptable documents list A, or B and C to the Human Resource staff. If a resident alien, ensure that the alien registration number and the work authorization expiration date are noted on the I-9.

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 must be provided.

W-4 Federal Withholding Certificate (there is a fill-in format on our web page)

IT-2104 (there is a fill-in format on our web page)

New Employee Tax compliance Notification Sheet (ONLY for Non-Resident Alien – Visa holder)

Direct Deposit Form (optional, but highly recommend) (there is a fill-in format on our web page)

College Assistants are required to submit, bi-weekly hourly time sheets... Time Sheet Schedule is attached.

THE FOLLOWING DOCUMENTATION IS REQUIRED:

Highest degree - Official transcript only or submit the original degree to Human Resource staff

Social Security Card (REQUIRED FOR PAYROLL PURPOSES ONLY) - Provide original card or letter from Social Security Administration for to the Human Resource staff to photocopy.

Non-Resident Alien (NRA) ONLY - All required documentation detailed by Glacier System

Unexpired work authorization, unexpired foreign passport, Visa with I-94 departure record, IAP66, and SD20-19

Procedures for Candidates Fingerprinting
Morphotrust USA Enrollment Services (formerly L1 Enrollment Services)

As part of the background check, the next step in the hiring process is for you to provide The University with fingerprints. To do so, please follow the instructions hereunder:

1. You are required to pre-register prior to going to fingerprint location by:
 - a) Calling 1-877-472-6915 to speak with a Customer Service Representative (CSR) so they can capture demographic data and make \$84.95 payment; or
 - b) Visit MorphoTrust USA website at www.identogo.com and submit your demographic data and make payment.
2. At the time of registration, you will need to provide the following information:

CUNY ORI#: NY931680Z

Name of College you are applying to: CUNY SCHOOL OF LAW

College ID Code you are applying to: 70150

3. At the fingerprint location, you are required to take this notice and two forms of identification. Please note: a *photo ID* is ***required*** before any applicant can be fingerprinted (acceptable forms of photo ID are either state or federally issued, i.e. Drivers License, State ID, Passport, Alien Registration Card, Unexpired Foreign Passport, School or College ID, Unexpired Employment Authorization with photo, or Photo ID Card issued by Federal, State, or Local Gov't). Along with a Social Security Card, Voter Registration Card, US Military Card or Draft Record, Military Dependents ID, Coast Guard Merchant Mariner ID, Native America Tribal Document, Canadian Drivers License, Permanent Resident Card, US Passport (expired or unexpired), Alien Registration Receipt Card, Unexpired Foreign Passport, Photo ID Card issues by Federal, State or Local Gov't, Original or Certified Copy of Birth Certificate, Certificate of Birth Abroad (issued by US), or a US Citizen ID Card.
4. Once you have been fingerprinted, the fingerprint technician will transmit the fingerprint records electronically to the Division of Criminal Justice Services. The fingerprint technician also issues a receipt for the fingerprinting service to you. The Division of Criminal Justice Services processes the background check for the state of New York. When the background check is completed, the results are returned directly to The City University of New York.

Please see reverse side 

5. Payment for fingerprinting services is required at the time of the fingerprinting appointment. MorphoTrust USA accepts personal check, money order, business check, credit card, e-check, and escrow account transactions.
6. Fingerprint technicians **do not** have access to credit card machines at the fingerprint locations, so applicants cannot pay for their fingerprinting by credit card on location. This will need to be done via the web at www.identogo.com or by calling into the call center at 1-877-472-6915.

Final Note: Fees for fingerprint services vary depending on the type of background check required. The fees assessed by MorphoTrust USA include the fingerprint rolling charges and any fingerprint processing charges levied by the Department of State. MorphoTrust USA collects the fee for each applicant and makes the appropriate payments to the Division of Criminal Justice Services on behalf of the applicants.

Appointments are required at all locations - please proceed to the appointment registration page and set up an appointment time for your fingerprinting or call toll-free 877-472-6915

Location listing is accurate as of Friday, February 07, 2014 locations are subject to change without notice.

NEW YORK METRO

Bronx - E 149Th St	Bronx, NY. (349 E 149th St, Ste 605) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 6:00; E/O Sat 10:00 - 2:00
Bronx - E 149th St - 2nd System	Bronx, NY. (349 E 149th St, Ste 605) [Map (opens new browser)]	Mon - Thu 9:00 - 2:00 & 2:30 - 4:00
Bronx - Third Ave - 2nd System	Bronx, NY. (2804a Third Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Bronx - Third Ave - Between 147th & 148th St	Bronx, NY. (2804a Third Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Brooklyn	Brooklyn, NY. (2174 Fulton St) [Map (opens new browser)]	Mon - Thu 9:00 - 5:00; Fri 9:00 - 7:00; E/O Sat 9:00 - 3:00
Brooklyn - Flatbush	Brooklyn, NY. (1772 Flatbush Ave - Between Ave's J & K) [Map (opens new browser)]	Mon - Fri 9:00 - 12:00 & 12:30 - 9:00; Sat 10:00 - 12:00 & 12:30 - 6:00
Brooklyn - Flatbush - 2nd System	Brooklyn, NY. (1772 Flatbush Ave Between Ave's J & K) [Map (opens new browser)]	Mon - Fri 10:00 - 3:30 & 4:00 - 7:00
Glendale	Glendale, NY. (79-63 Myrtle Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri: 9:00 - 12:00 & 1:00 - 5:00; Wed 9:00 - 12:00 & 1:00 - 7:00; Sat 10:00 - 2:00
New York - Broadway	New York, NY. (1412 Broadway, 17th Fl) [Map (opens new browser)]	Mon - Fri 9:25 - 1:00 & 2:00 - 4:45
New York - W 35th St	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - 2nd System	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10-4
New York - W 35th St - 3rd System	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - Commercial Apps Only	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	Tue, Wed & Thu 9:00 - 2:00

New York - William St - 2nd System	New York, NY. (130 William St, Ste 900) [Map (opens new browser)]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Across from Dept of State	New York, NY. (130 William St, Ste 900) [Map (opens new browser)]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Commercial Apps Only	New York, NY. (130 William St, Ste 900, Ninth Flr) [Map (opens new browser)]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [Map (opens new browser)]	Mon & Wed 11:00 - 5:00; Tue & Thu 9:00 - 3:00; Fri 9:00 - 3:00; E/O Sat 10:00 - 3:00
Yonkers	Yonkers, NY. (5 Seminary Ave, Ste 4) [Map (opens new browser)]	Mon, Tue, Wed & Fri 10:00 - 2:30 & 3:30 - 5:00; Thu 10:00 - 2:30 & 3:30 - 7:00; Sat 10:00 - 2:00

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
(718) 340-4434 Fax

2 Court Square, Suite 5-109
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:

Employee Signature: _____ 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.***



Name

Position

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 I specifically request otherwise and provide reasons acceptable to the hiring official. This verification may, but need not, begin prior to my receiving an offer;

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

No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing the City University of New York;

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

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

Signature Date

A. Education (Please indicate highest equivalent grade of education completed):

Doctorate
 Masters
 Baccalaureate
 High School/GED

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

School Name	<input type="text"/>	School Name	<input type="text"/>	School Name	<input type="text"/>
Location	<input type="text"/>	Location	<input type="text"/>	Location	<input type="text"/>
Major Study	<input type="text"/>	Major Study	<input type="text"/>	Major Study	<input type="text"/>
Credits completed	<input type="text"/>	Degree received	<input type="text"/>	Credits completed	<input type="text"/>
		Degree received	<input type="text"/>	Credits completed	<input type="text"/>
		Degree received	<input type="text"/>	Credits completed	<input type="text"/>

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.)

Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>
Telephone	<input type="text"/>		
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>
		Date employed to	<input type="text"/>
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>
		Gross Weekly	<input type="text"/>
		Gross Hourly	<input type="text"/>

Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>
Telephone	<input type="text"/>		
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>
		Date employed to	<input type="text"/>
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>
		Gross Weekly	<input type="text"/>
		Gross Hourly	<input type="text"/>

Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>
Telephone	<input type="text"/>		
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>
		Date employed to	<input type="text"/>
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>
		Gross Weekly	<input type="text"/>
		Gross Hourly	<input type="text"/>

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 <input style="width: 90%;" type="text"/>	Name, Title <input style="width: 90%;" type="text"/>	Name, Title <input style="width: 90%;" type="text"/>
Company Affiliation <input style="width: 90%;" type="text"/>	Company Affiliation <input style="width: 90%;" type="text"/>	Company Affiliation <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Address <input style="width: 90%;" type="text"/>	Address <input style="width: 90%;" type="text"/>
Daytime Phone # <input style="width: 90%;" type="text"/>	Daytime Phone # <input style="width: 90%;" type="text"/>	Daytime Phone # <input style="width: 90%;" type="text"/>
email <input style="width: 90%;" type="text"/>	email <input style="width: 90%;" type="text"/>	email <input style="width: 90%;" type="text"/>

E. Recruitment Source:

From which source did you learn of this position?

- Campus Posting
- Electronic Mail
- Personal Contact
- Other

Name

Newspapers / Publications

- New York Times
- Chronicle of Higher Education
- Hispanic Outlook
- Black Issues
- Discipline-specific journal
- Other

Name

Internet Job Services / University web site

- CUNY Web Site
- College Web Site
- Monster.com
- Higheredjobs.com
- Hotjobs.com
- America's Job Bank
- Careerbuilder.com
- Diversity.com
- Other

Name

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College

Name of Candidate

Position sought

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

The City University of New York is an Affirmative Action /Equal Employment Opportunity/Americans with Disabilities Act/IRCA Employer

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.

Date of Conviction (Mo/Yr)	Offense of which you were convicted	Name/location of court	Disposition including incarceration

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

DATE: _____

I, _____, residing at _____
 (Print name) (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't Date _____ Status _____

Completed by _____ Title _____ Date _____

HR/Personnel Director _____
 (Signature)



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: _____

The City University of New York

CUNY SCHOOL OF LAW

Law in the Service of Human Needs

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.”

NAME
ADDRESS
SIGNATURE / DATE



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶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.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

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):

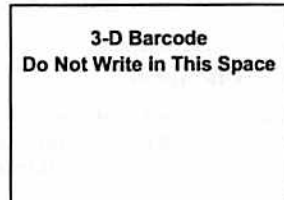
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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:

Foreign Passport Number: _____

Country of Issuance: _____

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):
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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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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):
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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:
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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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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 	OR	<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (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 5 / 109
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**.

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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

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 # <u>N</u> _____	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	New or Additional *	Change Joint Account Holder *	Change Amount or Percentage	Cancel	Name of Financial Institution	Account Number	Amount, Percentage or Excess
	(✓)	(✓)	(✓)	(✓)			
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*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 <input type="checkbox"/> Savings <input type="checkbox"/> 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 <input type="checkbox"/> Savings <input type="checkbox"/> 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 <input type="checkbox"/> Savings <input type="checkbox"/> 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.

The City University of New York

GUNY SCHOOL OF LAW

Law in the Service of Human Needs

BIWEEKLY TIME SHEET SUBMISSION SCHEDULE

For all HEO Series and ALL hourly paid employees. Due to the rigid time and requirements involving the processing of the State Payroll, there cannot be any deviation from this Payroll Schedule detailed below.

<u>PAYROLL</u>	<u>From</u>	<u>To</u>	<u>T/S DUE</u>	<u>HOURLY CHECK DATE</u>
<u>PERIOD</u>	<u>SUNDAY</u>	<u>SATURDAY</u>	<u>MONDAY*</u>	<u>THURSDAY</u>
1	March 9, 2014	March 22, 2014	March 24, 2014	April 17, 2014
2	March 23, 2014	April 5, 2014	April 7, 2014	May 1, 2014
3	April 6, 2014	April 19, 2014	April 21, 2014	May 15, 2014
4	April 20, 2014	May 3, 2014	May 5, 2014	May 29, 2014
5	May 4, 2014	May 17, 2014	May 19, 2014	June 12, 2014
6	May 18, 2014	May 31, 2014	June 2, 2014	June 26, 2014
7	June 1, 2014	June 14, 2014	June 16, 2014	July 10, 2014
8	June 15, 2014	June 28, 2014	June 30, 2014	July 24, 2014
9	June 29, 2014	July 12, 2014	July 14, 2014	August 7, 2014
10	July 13, 2014	July 26, 2014	July 28, 2014	August 21, 2014
11	July 27, 2014	August 9, 2014	August 11, 2014	September 4, 2014
12	August 10, 2014	August 23, 2014	August 25, 2014	September 18, 2014
13	August 24, 2014	September 6, 2014	September 8, 2014	October 2, 2014
14	September 7, 2014	September 20, 2014	September 22, 2014	October 16, 2014
15	September 21, 2014	October 4, 2014	October 6, 2014	October 30, 2014
16	October 5, 2014	October 18, 2014	October 20, 2014	November 13, 2014
17	October 19, 2014	November 1, 2014	November 3, 2014	November 27, 2014
18	November 2, 2014	November 15, 2014	November 17, 2014	December 11, 2014
19	November 16, 2014	November 29, 2014	December 1, 2014	December 25, 2014
20	November 30, 2014	December 13, 2014	December 15, 2014	January 8, 2015
21	December 14, 2014	December 27, 2014	December 29, 2014	January 22, 2015
22	December 28, 2014	January 10, 2015	January 12, 2015	February 5, 2015
23	January 11, 2015	January 24, 2015	January 26, 2015	February 19, 2015
24	January 25, 2015	February 7, 2015	February 9, 2015	March 5, 2015
25	February 8, 2015	February 21, 2015	February 23, 2015	March 19, 2015
26	February 22, 2015	March 7, 2015	March 9, 2015	April 2, 2015

In some cases, a request for early submission may occur due to a holiday or mandated by the Office of State Comptroller

*Time Sheets will be due on Tuesday if Monday falls on a holiday