General Instructions for Completing the Personal History Questionnaire in Application for Employment in the CUNY Classified Service

PLEASE READ CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE. PRINT CLEARLY IN INK. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT ATTACH YOUR RESUME.

ONCE SUBMITTED APPLICATIONS WILL NOT BE RETURNED. KEEP A PHOTOCOPY FOR YOUR RECORDS. A PHOTOCOPY MAY BE SUBMITTED SO LONG AS IT BEARS AN ORIGINAL SIGNATURE IN INK.

This questionnaire may be used by the college as an Employment Application Form, an Appointment Form and an Investigation form. you must complete and sign it if you are seeking a position and/or being appointed to a position within the CUNY Classified Service. Complete the questionnaire as follows:

Section A, Position Being Sought: If you are applying for a position in more than one job title, you may indicate this by filling in line number 2. Otherwise, use line number 1 only.

Section B, Personal Information: If you are appointed to a position, you will be required to verify your employment eligibility under the Immigration Reform and Control Act of 1986. To do so, you must present original employability and identify document within 3 day of reporting to work. You will, in addition, be required to show an original or certified copy of your birth certificate. The college may make photocopies of these documents.

Section C, Education History: Upon appointment, you will be required to show educational documents that verify you meet the educational requirements for the position, e.g., H.S. Diploma, Official College Transcript, etc. The College may make photocopies of these documents. Only accredited U.S. institutions or foreign institutions for which equivalencies can be determined will be accepted for qualifying.

Section D, Employment History: Be precise. List separately, in reverse chronological order (most recent job first), each position you have held. Be especially thorough in describing any position which you believe qualifies you for this job. Upon appointment, the College may require you to sign a release form to verify your work history.

Sections H1 & H2, Military Service Record, Military Disciplinary Record: Upon appointment, you will be required to verify any claims for preference by submitting an original DD214. A DD214 will also be required to verify your military disciplinary record. The College may make photocopy of this document.

Section J, Licenses: Upon appointment, you must show and original, current license, if one is required for this position. The College may make a photocopy of each such document.

Section K, Convictions: Upon appointment you will be fingerprinted and your prints, along with this Section, will be sent to the New York State Division of Criminal Justice Services for verification.

Section L, Notice: Read carefully and sign the form in ink.

Section M, Delayed Appointment: Do not complete this Section unless you have previously applied for this position and are being appointed following a delay of more than 30 days.

If you need additional space to answer any of the Sections in the questionnaire, please use the blank sheet which is located in Section I. Please use the same format as the section you are expanding.

THANK YOU FOR APPLYING TO THE CITY UNIVERSITY OF NEW YORK

The City University of New York is an Equal Employment Opportunity/Affirmative Action Employer (M/F/V/H)
### FOR COLLEGE USE ONLY (IF APPLICABLE):

<table>
<thead>
<tr>
<th>Personnel Vacancy Notice:</th>
<th>Vacancy Closing Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posted Salary: $__________</td>
<td>Posted Title Level:__________</td>
</tr>
<tr>
<td>Title Code #_________ Exam #_________</td>
<td>Administrative/Rank #_______</td>
</tr>
<tr>
<td>55A_________ 55B_________</td>
<td></td>
</tr>
<tr>
<td>Appointment Date:__________</td>
<td>Department:__________</td>
</tr>
<tr>
<td>College:__________</td>
<td>Candidate Name:__________</td>
</tr>
<tr>
<td>SSN #<em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td></td>
</tr>
</tbody>
</table>

This sheet may be used by a designated college personnel staff member to record verification of candidate responses on the Application for Employment in the CUNY Classified Staff

| ITEM B: WORK AUTHORIZATION - (within 3 days of reporting to work): | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| Birth Verification (upon appointment): Signature:__________ Date/Place:__________ |
| 55 A/B Eligibility__________ Telephone:__________ |

| ITEM C: EDUCATIONAL DOCUMENTS: | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| ______________________________________________________________________ | Signature:__________ Date:__________ Telephone:__________ |

| ITEM D: EMPLOYMENT HISTORY: | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| ______________________________________________________________________ | Signature:__________ Date:__________ Telephone:__________ |

| ITEM H: MILITARY SERVICE: | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| ______________________________________________________________________ | Signature:__________ Date:__________ Telephone:__________ |

| ITEM I: MILITARY DISCIPLINE: | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| ______________________________________________________________________ | Signature:__________ Date:__________ Telephone:__________ |

| ITEM J: LICENSES | Verified by:__________ |
|______________________|-----------------------|
| ____verified ____unverified | |
| ______________________________________________________________________ | Signature:__________ Date:__________ Telephone:__________ |

Until further notice, the legitimacy and current validity of licenses will be verified by the NYC Department of Personnel.
A. POSITION BEING SOUGHT:

CHECK ONE: Full-time_____ Part-time______

P/T Hours available___________ P/T Days available_______________

1. Civil Service Title:_______________________________________________________________________________________

2. Civil Service Title:_______________________________________________________________________________________

If hired, how much notice do you require before you can report to work?

B. PERSONAL INFORMATION:

Print Name:____________________________________________________________________________________________________

First     M.I.    Last

Mailing Address__________________________________________________________________________________________________

               No. Street    Apt#  City State  Zip Code

Telephone Number: Home(     )____________________________________ Business(      )____________________________________

Social Security # ___________/____________/______________ Are you eighteen years of age or older? Yes___ No____

If under eighteen, state your age____________

Note: If you were known by any other name including maiden name, please indicate name(s):_______________________________

1. Are you authorized to work in the United States?________

Note: Under the Immigration Reform & Control Act, CUNY is required to verify your employment eligibility and identity within three days of reporting to work.

2. Are you physically, mentally, and medically able, with or without reasonable accommodation, to perform fully the essential duties of this job as contained in the job description? ______________(yes/no)

If No. you may still be eligible for appointment to the position. Do you wish to make known at this time what accommodations would be necessary for you to perform fully? ______________(yes/no) Use Section I to explain or be prepared to provide information upon appointment.

Note: If you are seeking a non-competitive appointment under 55.A or 55.B of the New York Civil service Law for certified seeing, hearing, or mentally impaired persons, you must make known your desire to the selecting official and your eligibility must be verified prior to appointment.

FOR VETERANS USE ONLY

3. Are you claiming veteran’s or disabled veteran’s preference credits for this position?____________________________

(NYS law permits you to use veteran’s credits only once.)

4. Have you ever used your veteran’s preference credits before for a civil service appointment or promotion within the State of New York?______ (yes/no) (your answer will be verified)

Equal Employment Opportunity/ Affirmative Action Employer
(M/F/V/H)
EDUCATIONAL HISTORY:

Please indicate highest equivalent grade of education completed. (e.g. GED = 12; BA = 16)

List schools attended, beginning with most recent (college, business school, high school, vocational, trade, etc.). If needed, list any additional education clearly on the blank sheet located in Section I, page 8, using the same format. DO NOT include non-credit training programs here, use Section I, page 8.

1. College or other Post Secondary School’s Name and Address (Include Zip code; if not located in U.S., give country, and foreign mail code)

Dates Attended (Month & Year)_____________/______________

Graduated?(Yes or No)____________________

from to

Degree___________________________________

Date Degree Received_____________/____________

Total Credits Completed__________

No. of Credits in Major______________

No. of Credits in Major______________

2. College or Other Post Secondary School’s Name & Address (include zip code; if not located in U.S., give country, and foreign mail code)

Dates Attended (Month & Year)__________/_____________

Graduated? (Yes or No)_____________________

from to

Degree___________________________________

Date Degree Received______________/________________

Total Credits Completed__________

No. of Credits in Major______________

3. High School or Trade School’s Name & Address (including Zip code; if not located in the U.S., give country, and foreign mail code)

Dates Attended (Month & Year)_____________/______________

Graduated? (Yes or No)_____________________

from to

Degree___________________________________

Major Subject________________________________________

4. GED: Year Issued____________________

D. EMPLOYMENT HISTORY:

NOTE: Please account for any time lapses between employment clearly on the blank sheet, located in Section I, page 8.

List all employment for the past 15 years if job-related, starting with your present or most recent job.

1. Name and address of Employer: (Include Zip code; if not located in U.S., give country, and foreign mail code)

Nature of Business__________________________________

Immediate Supervisor’s Phone #: (      )_______________________

Dates of Employment (month & year)_____________/______________

Final Base Salary (indicate only one):

(   ) Annual $__________________

(   ) Weekly $__________________

(   ) Hourly $__________________

Exact Office Title and/or Civil Service Title of your Position:

Number of Hours Worked Per Week:__________________

Name and Title of Immediate Supervisor:

Describe in full the duties of this job:

_________________________________________________________________________________________________________
EMPLOYMENT HISTORY (continued):

2. Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________
   Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________

3. Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________
   Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________

4. Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________
   Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)
   Nature of Business_________________________________________ Immediate Supervisor’s Phone #: (___)_____________________
   Dates of Employment (month & year)_________________________/_________________________
   Exact Office Title and/or Civil Service Title of your Position:______________________________________________________________
   Number of Hours Worked Per Week:__________________________
   Name and Title of Immediate Supervisor:________________________________________________________
Number of Employees Directly Supervised:_____  Reason for Leaving_______________________________________________

5. Name & Address of Employer: (include Zip Code; if not located in U.S., give country, and foreign Zip Code)
Nature of Business__________________________________  Immediate Supervisor’s Phone #: (      )_____________________
Dates of Employment (month & year)_________________  Final Base Salary (indicate only one):
from   to   (   ) Annual $__________________  (   ) Weekly $__________________  (   ) Hourly $__________________
Exact Office Title and/or Civil Service Title of your Position:__________________________________________________________
Number of Hours Worked Per Week:__________________
Name and Title of Immediate Supervisor:________________________________________________________________________
Describe in full the duties of this job:____________________________________________________________________________
_________________________________________________________________________________________________________
Number of Employees Directly Supervised:_____  Reason for Leaving_______________________________________________

NOTE: IF NEEDED, LIST ANY ADDITIONAL EMPLOYMENT CLEARLY ON THE BLANK SHEET LOCATED IN SECTION 1, USING THE SAME FORMAT.

For investigation purposes following appointment, we will contact all of the employers listed above in Section D. Please indicate by number, which employers you do not wish us to contact prior to your being hired at CUNY:___________________

EMPLOYMENT SEPARATIONS:
Have you ever been terminated or asked to resign from any employment?__________ If yes, give employer’s name, your job title, dates of employment, and reason for leaving.
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

F. OTHER SKILLS:
List the skills that you possess that are either required for this job or which you believe will help you perform this job better (e.g., office machines, languages, work processor); be specific:
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

G. OTHER PERTINENT INFORMATION:
Do you intend to continue any other position(s) with a City or State Agency or a CUNY College/Unit?  Yes__________/No__________ If yes, please state below.
Agency/College__________________________________________Title_______________________________________________
Are you a full-time student? (Y/N)________________ Where?____________________________________________________
Have you ever worked for CUNY? (Y/N)____________ Where and When___________________________________________

H.1 MILITARY SERVICE RECORD:
Have you ever served in the armed forces of the United States?__________ If yes, complete the following section as it appears on your discharge or separation papers:
H.1 MILITARY SERVICE RECORD (continued):

Dates of active service (Month/Year): ______/_______ ________/_______
From To

Name as it appears on discharge papers:____________________________________________________________________

Rank:__________________________ Military Occupation Specialty:__________________________________________

Enlistment Date (Month/Year)_________/___________ Date of Discharge (Month/Year)_________/___________

If you are a disabled veteran, please complete the following section:

V.A. Claim No.:_______________________ Regional Office Where V.A. Records are filed:__________________________

Note: You will be asked to verify any claims for preference by submitting an original DD214.

H.2 MILITARY DISCIPLINARY RECORD:

Were you ever tried and convicted of a offense resulting in a court martial while serving in the military?_______ If yes, give details of the charges and disposition below.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
I. USE THIS SECTION FOR ADDITIONAL INFORMATION. INDICATE THE LETTER OF THE SECTION BEING EXTENDED. USE THE SAME FORMAT. ATTACH A SEPARATE SHEET IF NECESSARY.
L. **NOTICE (Please read carefully)**

A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution.

If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, or medical examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent on successful completion of The City University of New York’s total employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

No manager or representative of The City University of New York 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 administration of the Classified Service of the University. Any representations which are contrary to administrative policies of the University, including those made in writing, are unenforceable. Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel Director – made in writing prior to appointment represent official representations.

The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, collectively bargained agreements, and the Rules of the CUNY Civil Service Commission.

**AFFIRMATION:**

I declare and Affirm, under penalty of perjury, that I have read and understand the above notice, and that the statements I have made herein are true and correct to the best of my knowledge.

Your Signature______________________________________________   Date_______________________

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IF YOUR APPOINTMENT HAS BEEN DELAYED BY MORE THAN 30 DAYS
SINCE YOU LAST SIGNED THIS APPLICATION,
YOU MUST COMPLETE THE BACK PAGE OF THIS APPLICATION

-9-
DELAYED APPOINTMENT ONLY:

IF YOUR APPOINTMENT HAS BEEN DELAYED BY MORE THAN 30 DAYS SINCE YOUR INITIAL SUBMISSION OF AN APPLICATION, UPON BEING HIRED YOU WILL BE ASKED TO REVIEW THIS APPLICATION AGAIN TO DETERMINE IF YOU NEED TO MAKE CHANGES AND CORRECTIONS. FOR CHANGES IN SECTIONS J AND K, MAKE THOSE CHANGES DIRECTLY IN THOSE SECTIONS ON THE CONVICTION NOTICE AND LICENSE REGISTRATION FORM. OTHERWISE, MAKE CHANGES OR CORRECTIONS IN THE SPACE BELOW.

SIGN THE APPLICATION AGAIN, IN SECTION M, BELOW.

M. DELAYED APPOINTMENT:

If you are resubmitting this form following a delay in your appointment of more than 30 days from the date of your first submission, you must sign again to certify the accuracy of your application.

A material false statement or omission willfully or fraudulently made will result in disqualification, even following appointment, and may result in criminal prosecution.

AFFIRMATION:

I have made in the space above all the changes and corrections that have occurred since my first submission of this application, under Delayed Appointment, or in Sections J and K as directed above.

I declare and affirm, under the penalties of perjury, that I understand the above notice and that the statements contained herein are true and correct to the best of my knowledge.

Your Signature:_________________________________________________ Date:_______________________________