



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART FOUR LICENSE OR PROFESSIONAL REGISTRATION VERIFICATION

LICENSES AND PROFESSIONAL REGISTRATIONS MAY BE REQUIRED FOR CERTAIN TITLES.

CANDIDATES FOR EMPLOYMENT WHO ARE REQUIRED TO HAVE A CURRENT LICENSE OR PROFESSIONAL REGISTRATION MUST SUBMIT THIS FORM AT THE TIME OF HIRE, PRIOR TO ANY APPOINTMENT. COPIES OF LICENSE OR REGISTRATION MAY BE REQUIRED.

EMPLOYEES ARE RESPONSIBLE FOR MAINTAINING CURRENT LICENSE /PROFESSIONAL REGISTRATION AND MUST UPDATE THEIR RECORDS IN THE OFFICE OF HUMAN RESOURCES.

Last Name: _____ First Name: _____ Middle Initial: _____

College: _____ Department: _____

Contract Title: _____ Full Time Part Time

Date: _____

Name of License/Registration: _____

Name of Issuing Agency: _____

License Number: _____ Date Issued: _____ Exp. Date: _____

Date Last Renewed: _____ Renewal #: _____ Exp. Date: _____

Have you ever had this license, certificate or permit suspended or revoked? Yes No

If yes, provide details:

Name of License/Registration: _____

Name of Issuing Agency: _____

License Number: _____ Date Issued: _____ Exp. Date: _____


Date Last Renewed: _____ Renewal #: _____ Exp. Date: _____

Have you ever had this license, certificate or permit suspended or revoked? Yes No

If yes, provide details:



I hereby certify that the information provided is accurate.


Select  Sign yourself to sign : _____

Date: _____

Office of Human Resources

Name: _____

Date: _____

Select  Sign yourself to sign : _____