



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation of academic and professional credential, necessary employment and background checks.

Please be advised, that the primary vehicle of the departmental communication with departmental faculty is through the faculty member's department mailbox. For this reason, you are required to check your mailbox each day you are on campus. This will ensure your timely receipt of important department and college notices.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

.....I mtk'OEj cq"
.....F kgevt"qh'J wo cp'T guqwtegu"

/New Employee



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To: CANDIDATES FOR ADJUNCT POSITION
From: HUMAN RESOURCES
Subject: APPOINTMENT AND PAYROLL AND PROCESSING

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined in the attached.

Under federal law, you are required to complete and sign an Employment Eligibility verification form (Form I-9) in the presence of a designated representative in the Human Resources Office, Room S-717. You must complete the Adjunct Employment Packet and submit the required employment authorization documents to Human Resources within 3 days of receiving your appointment letter or, if your start date is within three days of being hired, you must submit the documents immediately.

In addition, other documents for your appointment include the following:

1. All appointment forms (see attached)
The Constitutional Oath is required for employment.
2. Your resume
3. Two reference letters
4. An Official college/university transcript of your highest earned degree. This original transcript must have the seal of the institution. Transcripts are not required for Adjunct College Lab technicians.
5. Social Security Card, for payroll purposes.

All persons hired as adjuncts are initially processed by the Office of Human Resources either as an adjunct lecturer or adjunct assistant professor based on the hire information submitted by the department and official transcripts. The adjunct must present their official college/university transcript of their highest earned degree to the Office of Human Resources as soon as possible.

Special rules apply for placement at the adjunct associate professor title and adjunct professor title (see *Policy on Hiring Adjuncts as Adjunct Assistant Professor, Adjunct Associate Professor and Adjunct Professor, which is contained in the adjunct hiring packet.*)

The Timing of your initial salary check will be based on the above process and our receipt of the completed Personnel Action Form (PAF) from your department. If you have any questions about the appointment or payroll process, please call us at (212) 220-8300.

Thank you



The City University of New York

Temporary HR Policy to Remotely Verify Identity and Work Authorization (I-9 process)

All U.S. employers must properly confirm identity and employment authorization each new employee. This is done by completing the Form I-9.

Per the Department of Homeland Security (DHS)'s guidelines, new employees are required to attest to their work authorization, and present his or her documents evidencing identity and employment authorization in person, DHS has advised that employers taking precautions to limit the physical presence of employees due to COVID-19 can temporarily revise the process of reviewing I-9 documents.

This policy affirms that CUNY upholds appropriate data security measures while instituting a remote verification method that meets federal requirements.

Effective March 20, 2020:

1. An electronic copy of the I-9 form and instruction sheet is provided to new employees as part of the on-boarding package via the New Employee Resource Center.
2. New employees will print and complete Section 1 of the Form I-9 ("Employee Information and Attestation").
3. Human Resources will schedule a video conference with the new employee to review the I-9 documents. It is critical for both parties to read the instructions provided with the Form I-9 prior to this conference.

If for some reason a video call is not possible, Human Resources will arrange another method, such as U.S. Mail, a password protected email, or e-fax, to send a physical Form I-9 and/or receive documentation.

Once normal operations resume, all employees who were on-boarded with remote verification must report to their Human Resources department within three business days to present their original documentation to verify their identity and employment eligibility. Once the documents are physically inspected, the HR representative will add "Documents physically examined" with the date of inspection in the additional information field of Section 2 on Form I-9.

Human Resources departments must provide a copy of this policy to all new employees.

Per DHS, this remote procedure only applies if no employees are physically at their work location, and is in effect until May 19, 2020 or within three business days after the termination of the national emergency, whichever comes first.

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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)		
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Review the following important Policies and Procedures by opening the links provided.

- CUNY [Sexual Misconduct](#) Policy
- [Notice of Non-Discrimination](#)
- [CUNY Policies and Procedures on Equal Opportunity & Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- Office of Compliance and Diversity [Informational Packet](#)
- CUNY [Lactation Room](#) Policy
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Children on Campus](#)
- [Time Off for Religious Observance](#)
- [Students Bill of Rights](#)

Additional [Policies and Procedures](#) are available on the BMCC/HR and [Office of Diversity](#) websites for your examination.


The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly and with respect regardless of his/her protected status. The [Office of Compliance & Diversity](#) is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness and ensuring that the college complies with all applicable policies and laws.

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. You may reach Ms. Levy at olevy@bmcc.cuny.edu or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at twade@bmcc.cuny.edu or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms. Levy or Ms. Wade.

By signing below, I acknowledge that I have received, accessed, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.

Select  Sign yourself to sign

Signature

Date

Print Name



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AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

(In compliance with Section 62 of the New York State Civil Service Law)

"I 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: _____

Select  **Sign yourself to sign** _____

Address: _____

Date: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE

Last Name: _____

First Name: _____

College: _____

Department: _____

Check here if you are a CUNY Doctoral Student

Important Notice to Applicants

Our Commitment to Diversity

Diversity and inclusion are core values of The City University of New York (CUNY or The University). We believe adherence to these values creates an environment that best allows our students, faculty and staff to learn, work and succeed. As a University, we strive to respect differences, but more importantly, we seek to leverage the talents of all members of the University community in order to foster academic and administrative excellence. These values make CUNY a great place to learn and work!

Notice of Non-Discrimination

It is the policy of the University-applicable to all colleges and units-to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without discriminating on the basis of actual or perceived 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, status as a victim of domestic violence/stalking/sex offenses, unemployment status, caregiver or familial status, prior record of arrest or conviction, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth in CUNY's *Policy on Equal Opportunity and Non-Discrimination*.

CUNY's *Policy on Sexual Misconduct* prohibits all forms of sexual misconduct, including sexual harassment, gender harassment and sexual violence.

It is also the University's policy to provide reasonable accommodations and academic adjustments, when appropriate, to individuals with disabilities, individuals observing religious practices, individuals who have pregnancy or child birth-related medical conditions and victims of domestic violence/stalking/sex offenses.

Inquiries or complaints relating to CUNY's *Policy on Equal Opportunity and Non-Discrimination* should be addressed to the College's Chief Diversity Officer. Inquiries or complaints relating to CUNY's *Policy on Sexual Misconduct*, or about sex discrimination, should be addressed to the College's Title IX Coordinator or to the Office for 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 Office of Human Resources.

Clery Act

CUNY complies with the Clery Act. Copies of each college's *Annual Security Report*, which include security policies and crime statistics, are available in the Office of Public Safety and on each campus' website.

Military Service

If you are claiming preference for military service, you will be required to submit an original DD 214 along with verification of your disciplinary record.

Professional References

Current and former employers may be contacted for verification of any and all information stated in this application or obtained during any phase of the selection process. In order for CUNY to obtain this information, please complete the *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.

Applicants who do not want their current employer to be contacted prior to receiving an offer of employment are required to make such a request and provide reasoning.

To further CUNY's commitment to compensate its employees fairly and equally for the work they do, CUNY will not inquire about an applicant's current or prior compensation history.



**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE
EMPLOYMENT AND EDUCATIONAL HISTORY OF APPLICANT**

Position Title: _____

Contract Title: _____

College: _____ Job ID#: _____

Full-Time Part-Time* *if part time, hours available: A.M. P.M.

Check here if you are a CUNY Doctoral Student

Personal Information

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

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____ Email: _____

Do you have any relatives employed in the department for which you are applying?

Yes No

If yes, please explain: _____

Are you legally authorized to work in the United States?

Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?

Yes No

Please be advised that sponsorship for employment authorization is a campus-based decision and is generally reserved for academic appointments.

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 to end further consideration of my application prior to being hired, or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired;

-The University will verify academic and professional credentials and may contact present and past employers to check professional references, as provided, either prior to or after receiving an offer of employment;

-An offer of employment is contingent on successful completion of the entire employment selection process. Offers and terms of employment will only be made in writing.

-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, policies, or collective bargaining agreements governing employment at CUNY; and any representations that are contrary to these policies, even when made in writing, are unenforceable.

Select  Sign yourself to sign : _____

Date: _____

Education

Please indicate the highest equivalent grade of education completed:

Doctorate Professional Degree Masters Baccalaureate
Associate Trade/Vocational School High School/GED

List schools attended, beginning with most recent:

School Name: _____	School Name: _____
Location: _____	Location: _____
Major Study: _____	Major Study: _____
Credits Completed: _____	Credits Completed: _____
Degree Received? _____	Degree Received? _____

School Name: _____	School Name: _____
Location: _____	Location: _____
Major Study: _____	Major Study: _____
Credits Completed: _____	Credits Completed: _____
Degree Received? _____	Degree Received? _____

IF REQUIRED FOR POSITION: Please provide driver's license number, professional/trade license/certification numbers. If necessary, attach page to application.

Type: _____ License Number: _____

Employment History

Begin with present or most recent job and work back for the last 15 years, listing all full and part time employment. Be sure to include any current CUNY employment held. If necessary, attach additional pages.

Employer Name (1): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time *if part-time, average hours worked per week: _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (2): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time *if part-time, average hours worked per week: _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (3): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time *if part-time, average hours worked per week: _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (4): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time * if part-time, average hours worked per week: _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Have you ever left a position for disciplinary reasons? Yes No

If yes, briefly explain. If necessary, attach additional pages:

Important Skills, Competencies, or Experience Not Identified Above

Identify other important skills, competencies, expertise or related experience (*such as volunteer work, competence in foreign language, etc.*) that you feel should be considered in evaluating your suitability for this position. If necessary, attach additional pages.

Professional References

Please list a minimum of three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. *The Authorization to Release Information Form (final page of employment application) must be completed.*

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

How did you learn about this position? Check all that apply:

- | | | |
|--|---|--|
| College Human Resources Office | College Website | CUNY Website (<i>cuny.edu</i> or <i>cuny.jobs</i>) |
| Someone I know who works at CUNY | Union Office | Search Engine (<i>Google, Bing, etc.</i>) |
| Printed Advertisement | External Job Board | |
| Government Job Bank or Resource Agency (<i>Veterans' Vocational Rehabilitation, Other</i>) | | |
| Job Fair, Conference or Convention | Professional or Academic Group, Contact or Referral | |
| Social Media (<i>Facebook, LinkedIn, Twitter, etc.</i>) | Search Firm | |
| Other (<i>please explain</i>) | | |
-

College Use Only

Reviewed by Chair of Search Committee/Hiring Manager:

Name: _____

Select  Sign yourself to sign : _____

Date: _____



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.

Select  Sign yourself to sign : _____

Date: _____

Consistent with legal mandates, CUNY defines protected classes for the purposes of affirmative action in employment as follows: Asian, Black or African American, Hispanic or Latino (including Puerto Rican), American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Individuals with Disabilities, Veterans, and Women. The Chancellor of CUNY expanded these classes to include Italian Americans on December 9, 1976.

CUNY is an EEO/AA/Vet/Disability Employer.



Name

Position

College

Dept.

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART TWO
POST-CONDITIONAL OFFER OF EMPLOYMENT**

This form should be completed only after a conditional job offer has been made.

Post-Conditional Offer Verifications and Checks

Employment Eligibility and Identity Documents Verification

Newly hired employees must complete Section 1 of the Dept. of Homeland Security/U.S. Citizenship & Immigration Services I-9 Form no later than the first day of employment. CUNY is required to verify evidence of identity and employment authorization within 3 business days of the employee's first day of employment.

Verification of Credentials

Academic and professional credentials, as submitted in CUNY Employment Application Part 1, will be verified by the college.

Criminal Background Check

As a candidate with a conditional offer of employment, you must provide criminal background information. For some positions, a criminal history report may also be required. CUNY will consider your criminal history in accordance with Article 23-A of the New York State Correction Law and the NYC Fair Chance Act. (FCA).

A conviction record will not necessarily disqualify you from the position for which you are applying. However, failure to provide truthful responses will, when discovered, automatically result in the withdrawal of the conditional offer of employment or your termination, following any applicable disciplinary procedures, if employed.

Before any adverse action is taken based on a previous criminal conviction, CUNY will

- provide a written Article 23-A analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and/or documents that formed the basis and for the adverse action; and
- after providing the candidate with the required documentation, allow the candidate at least **5 business days to respond** and, during that time, hold the position open for the candidate.

Credit History Check, Medical Certification, Medical Examination, Drug Screening, and Physical Agility and Fitness Assessment

For some positions, a credit history, medical certification, medical examination, drug test, and/or physical agility and fitness assessment may be required as a condition of employment. CUNY processes all information per applicable laws.

Accommodation required to perform Essential Job Functions

It is the University's policy to provide reasonable accommodations to individuals with disabilities, individuals observing religious practices, employees who have pregnancy or child-birth related medical conditions, or employees who are victims of domestic violence/stalking/sex offenses.

If you require an accommodation to perform the essential job functions for the position for which you have received a conditional offer of employment, please contact the HR Director at the college or unit where you have received the conditional offer of employment.

**THE CITY UNIVERSITY OF NEW YORK
APPLICATION FOR EMPLOYMENT - PART TWO**

Application for Employment - Part Two (Confidential Background Information)
Only candidates who have received a conditional job offer should complete this form.

For questions and concerns, candidates may request guidance from the Office of Human Resources.

The completed form should be submitted to the Office of Human Resources only.

College	<input type="text"/>	Job ID#	<input type="text"/>	<input type="checkbox"/> Full-time
Position	<input type="text"/>			<input type="checkbox"/> Part-time
Contract Title	<input type="text"/>			A.M. <input type="text"/>
				P.M. <input type="text"/>

Personal Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
If known by another name, please provide	<input type="text"/>				
Address	<input type="text"/>			Apt. #	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
				Daytime Phone #	<input type="text"/>
e-mail	<input type="text"/>			Evening Phone #	<input type="text"/>

Please complete Page 3

Confidential Criminal Background Information:

1. Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

DO NOT include the following: conviction for an offense classified as a "violation", a criminal action that has been adjourned in contemplation of dismissal ("ACD"), adjudication as a youthful offender, conviction of a non-criminal offense, as defined by a law of another state, conviction that has been sealed pursuant to the criminal procedure law.

2. Are there any criminal charges currently pending against you? Yes No


3. Please explain below **all** past convictions or currently pending criminal charges against you (as specified in Questions 1 and 2 above). **Attach additional pages, as necessary.**

Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>

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 on this form shall be sufficient cause to end further consideration of my candidacy for the position for which I have received a conditional offer of employment or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired.

Select  Sign yourself to sign

Date _____

COLLEGE USE ONLY

Received by the Director of Human Resources

Name _____ Date _____

Signature _____



Borough of Manhattan Community College 199 Chambers Street
The City University of New York New York, NY 10007-1097
www.bmcc.cuny.edu tel. 212-220-8300
fax 212-220-2364

Primary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print) _____ Department _____

Signature _____ Date _____

**Borough of Manhattan Community College
Office of Human Resources
Personnel Information Form**

Name (print) _____ **Social Security Number** _____

Title _____ **Department** _____ **Date of Appointment** _____

Female Male Other _____ **Date of Birth** _____

Ethnicity:

African American Alaskan Native American Indian Asian

Black Hispanic Italian American

Pacific Islander Puerto Rican White Other _____

U.S. Citizen: Yes No **If you are not a U.S. Citizen,**

Of what country are you a citizen? _____

What type of VISA are you holding: _____ **Expiration Date:** _____

Are you a Veteran? Yes No **If you are a veteran, please specify:**

Active Reserve Disabled Disabled Vietnam Era

Inactive Reserve Retired Vietnam Era

Home Address: _____
(print) _____

Telephone Number: _____ **E-Mail Address** _____

Emergency Contact: _____ **Relationship:** _____

Address: _____

Telephone Number: _____ **Alternate Phone Number:** _____

Education:	Degree	Major	Date Earned	Institution

To be completed by the Office of Human Resources

I-9 Date: _____ **Work Authorization Expiration Date:** _____ **Staff Initial** _____ **Date:** _____

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State
		ZIP code
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.
Complete the worksheet on page 4 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) 1 <input type="text"/> 2 Total number of allowances for New York City (from line 31) 2 <input type="text"/>		
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer. 3 New York State amount 3 <input type="text"/> 4 New York City amount 4 <input type="text"/> 5 Yonkers amount 5 <input type="text"/>		

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
--	--------------------------------

Instructions

Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or

THE CITY OF NEW YORK PAYROLL
MANAGEMENT SYSTEM
DIRECT DEPOSIT OF NET PAY
Enrollment/Cancellation

SUBMIT COMPLETED FORM TO:
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR
PAYROLL OFFICE

www.NYC.gov/payroll

TYPE OF
ACTION

Attach a voided check or most recent savings statement. Check all that apply.

New Enrollment Cancellation Change of Name on Account Change of Account Number Change of Account Type Change of ABA Number

EMPLOYEE SECTION

EMPLOYEE
IDENTIFICATION

FIRST M.I. LAST

	M.I.	
--	------	--

SOCIAL SECURITY NUMBER WORK TELEPHONE

--	--

Enrollment

PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY-INCLUDE TRUSTEE OR JOINT OWNER):

PERSON 1

--

PERSON 2

--

ABA NUMBER* ACCOUNT NUMBER** ACCOUNT TYPE (CHECK ONLY ONE)
 SAVINGS CHECKING

*ABA BANK NUMBER: CHECKING ACCOUNTS—The ABA number is the first nine(9) numbers prior to the account number at the bottom left corner of the check
 SAVINGS ACCOUNTS---Contact your bank for ABA number, if not known.

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules. The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee Signature _____ Date / /

Cancellation

I hereby authorize The City of New York to cancel my direct deposit agreement.

Employee Signature _____ Date / /

AGENCY PAYROLL SECTION

DOCUMENT # CHECK DIGIT JSN PAYROLL

ENROLLMENT REJECTION REASONS: INACTIVE LEAVE STATUS PAYCYCLE IS "A" OTHER _____

AGENCY REP

NAME SIGNATURE DATE
(PLEASE PRINT)

DATA ENTRY OPERATOR

NAME SIGNATURE DATE
(PLEASE PRINT)



HelpDesk

helpdesk@bmcc.cuny.edu

Borough of Manhattan Community College
City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel: 212-220-8379
fax: 212-220-2363

New Hire Account Request Form

Your OFFICIAL NAME must be used on this form. Please PRINT or TYPE all information.

Personal Information

Full Name: _____
Last _____ *First* _____ *M.I.* _____

DOB: _____ Last 4 SSN: _____

Job Information

Job Title: _____ Department: _____

Department's Ext.: _____ Employee ID: _____

New/ Old Ext. Line: _____ Room #: _____

Hired By BMCC.....[] Research Found...[]

Position/Function Full Time.....[] Part Time.....[]

Faculty.....[] Staff.....[] Student-Staff.....[]

New Account (s) Computer.....[] Email.....[] Phone/Voicemail...[] Copy/Print.....[]

Room Acs/Keys _____

Comments: _____

Approval

Please provide ONE signature of approval before returning This Form to the Help Desk, Room S-141

Vice-president: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Director/Manager: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Chairperson: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Any missing or unclear information will result in a delay in the process.

OFFICE USE ONLY

Date Received: _____

Received By: _____

Date Completed: _____

Completed By: _____

AD/Email	Copy/Print	Access/Keys
Telephony	Web Directory	Others

Teaching and Non-Teaching Adjunct voluntary benefits:

Health Benefits

You are eligible for health benefits, if you meet the eligibility requirements. For detailed information please visit the [CUNY Benefits website](#) or contact the Benefits Office in S717. The [Adjunct Health Benefit Application Packet](#) may be found on the BMCC Benefits website.

Retirement Benefits

You are eligible to enroll in the Teachers' Retirement System of the City of New York (TRS) however, enrollment/membership is optional. TRS is a defined benefit plan for which you would contribute 3% to 6% depending on your gross salary for the duration of your employment and requires ten (10) years of full-time credited service, credit in order to be vested. For enrollment forms and further information, please visit [TRS website](#).

Tax-Deferred Annuity Plans

You may participate in a tax-deferred annuity (TDA) plan with TIAA-CREF, or the Teachers' Retirement System of the City of New York (TRS) if you are a TRS member. The TDA plan allows you to set aside pre or post-tax dollars in a supplemental retirement account subject to the annual maximum IRS limit. For additional information on TIAA-CREF, please contact the Benefits office. For information regarding the TRS TDA plan, please contact TRS directly at 888-869-2877.

New York State Deferred Compensation 457(b) Plan

The NYSDCP 457(b) Plan is a voluntary, supplemental retirement savings plan offered by New York State. Employees have two options:

- Tax-Deferred Contributions – not subject to current federal or New York State income taxes; contributions and any earnings grow tax deferred; withdrawals will be taxed as ordinary income when you may be in a lower tax bracket (generally at retirement).
- Roth After-Tax Contributions – contributions are made after tax so withdrawals are tax free (as long as you're at least age 59½ and do not take withdrawals from your Roth account for at least five years after your first Roth contribution is made to the plan). For more information, please visit the NYSDCP 457(b) website at <https://www.nysdcp.com/iApp/tcm/nysdcp/about/index.jsp>

Transit Benefits

The Transit Benefit allows you to reserve pre-tax dollars for your travel needs. For additional information please reference the HR Benefits website or contact the HR Benefits office in Room S717. Enrollment forms for the [TRANSITBENEFIT Plan](#), or the [Park-N-Ride Plan](#) may be found on the HR Benefits website.

Tuition Waiver

Teaching Adjuncts are eligible for the Tuition Waiver Program. There is a ten (10) consecutive semester requirement to be eligible, and a Teaching Adjunct is eligible for either one undergraduate or graduate course in the fall or spring semester. A tuition waiver is not available in the summer or winter session. The [application](#) for a tuition waiver is available on the HR Forms page.

CUNY Work/Life Program

This employee assistance program is a voluntary, free and confidential benefit for employees and their family members. Services are available 24 hours a day, 7 days a week. For additional information, please call 1-855-492-3633 or visit the CUNY Work/Life Program website at www.deeroaks.com to log in use Company Code: BMCC Password: BMCC.

Any questions please contact the Benefits Manager or your HR Adjunct Specialist.

Adjunct Packet Checklist

You must present ORIGINAL documents as outlined below to the HR Office.

- Completed New Hire Packet**
- Proof of Identity and Employment Eligibility**
Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.
- Social Security Card (for Payroll purposes)**
- Official Transcript of highest earned degree (sealed envelope or E-Transcript) directly from the school**
- Resume**
- Two (2) Reference Letters**

If applicable, complete and return:

- Direct Deposit of Net Pay Enrollment
- BMCC Computer System Accounts
- Transit Benefit

Please take time to familiarize yourself with the following Important Policies and Procedures on the HR Website:

- [Important Information for Adjuncts](#) (located under Policies)
- [Adjunct Benefits](#) (HR Benefits page, CUNY Link)
- [Claiming CUNY Service Credit](#) (located under Forms)
- Answers to [Frequently Asked Questions](#) (Located in FAQ)

PSC Website


- [Union: Professional Staff Congress \(PSC\)](#)

By signing below, I acknowledge that I have received, and familiarized myself with the above policies and agree to abide by their requirements.

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

Print Name

Date

Select  Sign yourself to sign