



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 employment and background checks.

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

Sincerely,

Gloria M. Chao
Director of Human Resources



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Employee Check off List

EMPLOYEE NAME: _____ CUNYFirst ID #: _____

Department _____ EMPLOYEE TITLE: College Assistant

Following for Office Use ONLY:

	<u>INITIAL & DATE</u>	<u>End Date/Length of appointment</u>	<u>Pay Rate</u>
START DATE	_____	_____	_____
I-9 Complete	_____	_____	_____
P.A.F. Received	_____	_____	_____
Packet Received	_____	_____	_____
CF Enter date	_____	_____	_____
CUNYFirst	<u>P.O.#</u> _____	_____	_____
Schedule of Classes	_____	_____	_____
Processing Fee	_____	_____	_____
Finger Printing	_____	_____	_____
KRONOS (Classified Staff)	_____	_____	_____
Time Keeper	_____	_____	_____
SprinTax	_____	_____	_____
Benefits	_____	_____	_____

FINAL STAGE:

IMAGE NOW _____

COMMENTS: _____

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](#)
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [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.

Signature

Date

Print Name



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To: Candidates for College Assistant/Tutor positions

From: Human Resources

Subject: Appointment Processing and Fees

For all applicants to the position of College Assistants or Tutors, the following requirements **must** be completed prior to the first day of employment.

- Fingerprinting Fee of \$88.75 will be required from all applicants who are **part-time** BMCC students **and** full or part time students studying at another CUNY University (please see the Procedures for Candidates Fingerprinting Using Morphotrust).
- Full time BMCC students **will not** have to pay this fingerprinting fee. However, you will need to provide proof of student status **Each Semester** in order to waive the fingerprinting fee. (ex. Tuition Bill or a letter from the Registrar's Office)
- All applicants who are appointed for 239 hours or more must pay a CUNY Application Processing Fee. The processing fee, is payable by cash or a money order made out to BMCC. You must bring the processing fee **and** the HR form to the Bursars Office (\$330). After paying the processing fee, you **must** return the receipt signed by the Bursars Officer to HR to place in your Personnel file. Your HR Representative will advise you on the amount due.
- All applicants **MUST** be verified for Compliance with the Immigration Reform and Control Act (IRCA) within three days of your appointment for both identity and the required employability certification. See the Reverse side of this Memorandum of IRCA documentation.
- Applicants **MUST** provide an original social security card.
- **All Tutors must submit official proof of highest degree earned.**

The Human Resources Office has been authorized to withhold salary checks and/or remove from the payroll all College Assistants/Tutors who fail to complete these appointmentprocessing requirements.



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To: Bursar's Office

From: Human Resources

Subject: CUNY Application Processing Fee-payable by **Cash or Money Order**

Date: _____

Name: _____ Last 4 of SS# _____

Title: _____

Fee: _____

.....

The Bursar's Receipt must be brought to HR to provide proof of payment.

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 here:

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. **All credit card payments (\$88.50) must be made onsite at the time of the fingerprinting session.**
 - or
 - b) Visit MorphoTrust USA website at www.identogo.com and submit your demographic data. **All credit card payments must be made onsite at the time of the fingerprinting session. (\$88.50)**

2. At the time of registration, you will need to provide the following information:

CUNY Service Code #: 156J7Y

Name of College you are applying to: BMCC

College ID Code you are applying to: 466

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.

5. Payment for fingerprinting services is required at the time of the fingerprinting session. MorphoTrust USA accepts personal check, money order, business check, credit card, e-check, and escrow account transactions.

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 Fl) [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

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 		<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 		<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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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
--	---------------------------	---

**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:** _____



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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
THE CITY UNIVERSITY OF NEW YORK**

TO: The Director of Human Resources

I accept this College Assistant position with the understanding that the hours I can work will be limited to 1040 per fiscal year (July 1st - June 30th).

Name _____

Signature _____

Date _____

TO: The College Assistant Applicant

A College Assistant working more than 5 hours but less than 6 hours per day **must** take a break of ½ hour.

A College Assistant working more than 6 hours a day **must** take a break of at least 1 hour.



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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: _____

Signature: _____

Address: _____

Date: _____



Name

Position

College

Dept.

THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART ONE

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 includes security policies and crime statistics, are available in the Office of Public Safety and on the web site for each campus.

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 reasons therefor.

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

THE CITY UNIVERSITY OF NEW YORK
APPLICATION FOR EMPLOYMENT- PART ONE

Application for Employment - Part One (Employment and Educational History of the Applicant)

College	<input type="text"/>	Job ID#	<input type="text"/>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
					If part-time, hours available
Position Title	<input type="text"/>				
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"/>	
email	<input type="text"/>			Evening Phone #	<input type="text"/>	

Do 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 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.

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

A. Education (Please indicate 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 (university, college, business school, vocational or trade school, high school, etc.)

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

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

IF REQUIRED FOR POSITION: Provide driver's license number, professional/trade license/certification numbers. *Attach page, if necessary*

B. Employment History:

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

Employer Name	<input type="text"/>	Job Title	<input type="text"/>		
Address	<input type="text"/>	CUNY Contract Title, if applicable	<input type="text"/>		
Telephone	<input type="text"/>	Briefly describe duties	<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="checkbox"/> Full-time <input type="checkbox"/> Part-time	Average hours worked per week part-time	<input type="text"/>			

Employer Name	<input type="text"/>	Job Title	<input type="text"/>		
Address	<input type="text"/>	CUNY Contract Title, if applicable	<input type="text"/>		
Telephone	<input type="text"/>	Briefly describe duties	<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="checkbox"/> Full-time <input type="checkbox"/> Part-time	Average hours worked per week part-time	<input type="text"/>			

Employer Name Job Title

Address CUNY Contract Title, if applicable

Telephone Briefly describe duties

Name/Title of Immediate Supervisor Date employed from Date employed to

Telephone Reason for leaving

Full-time Part-time Average hours worked per week part-time

Employer Name Job Title

Address CUNY Contract Title, if applicable

Telephone Briefly describe duties

Name/Title of Immediate Supervisor Date employed from Date employed to

Telephone Reason for leaving

Full-time Part-time Average hours worked per week part-time

Have you ever left a position for any disciplinary reason?

Yes No

If yes, explain briefly:
Attach additional pages, if necessary

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. **Attach additional pages, if necessary.**

D. 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 Reference Information Form (Page 7) must be completed.*

1. Name	<input type="text"/>	2. Name	<input type="text"/>	3. Name	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>	Title	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>	Address	<input type="text"/>
Daytime Phone #	<input type="text"/>	Daytime Phone #	<input type="text"/>	Daytime Phone #	<input type="text"/>
e-mail	<input type="text"/>	e-mail	<input type="text"/>	e-mail	<input type="text"/>

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

- College Human Resources Office
 - College Website
 - CUNY Website (cuny.edu or cuny.jobs)
 - Someone I know who works at CUNY
 - Union office
 - Search Engine (Bing, Google)
 - Printed Advertisement
 - External Job Board
 - Government Job Bank or Resource Agency (Veterans' Vocational Rehabilitation, Other)
 - Job Fair, Conference, or Convention
 - Professional or academic group, contact, or referral
 - Social Media (LinkedIn, Facebook, Academia.edu, Other)
 - Search Firm
- Other General Category
(Please explain)

COLLEGE USE ONLY

Reviewed by Chair of Search Committee / Hiring Manager:

Name _____

Signature _____

Date _____

THIS PAGE INTENTIONALLY LEFT BLANK



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

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	<input type="text"/>
Position	<input type="text"/>
College	<input type="text"/>
Dept.	<input type="text"/>

**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.

Accommodation required to perform Essential Job Functions

It is the University's policy to provide reasonable accommodations, when appropriate, 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.

Confidential Criminal Background Information

As a candidate with a conditional offer of employment, you must provide criminal background information for our review.

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, if employed.

In accordance with Article 23-A of the New York State Corrections Law, the following factors shall be considered concerning previous criminal convictions:

- the public policy of New York State, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses
- the specific duties and responsibilities necessarily related to the license or employment sought or held by the person
- the bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his/her fitness or ability to perform one or more such duties or responsibilities
- the time which has elapsed since the occurrence of the criminal offense or offenses
- the age of the person at the time of occurrence of the criminal offense or offenses
- the seriousness of the offense or offenses
- any information produced by the person, or produced on his behalf, in regard to his/her rehabilitation and good conduct
- the legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public

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

- furnish a written copy of the criminal history inquiry to the candidate in a manner determined by the New York City Commission on Human Rights ("NYCCHR")
- provide a written Article 23-A analysis to the candidate in a form determined by the NYCCHR, together with supporting documents which formed the basis and reasons for the adverse action; and
- after providing the candidate with the required documentation, allow him or her at least three business days to respond and, during that time, hold the position open for the candidate.

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 an offense anywhere, including felonies, misdemeanors or penal law violations? Yes No

DO NOT include traffic violations or convictions sealed, expunged, or set aside under federal law or state law. However, you are required to disclose all other criminal convictions, even if you have a Certificate of Relief from Disabilities or a Certificate of Good Conduct in connection with one or more offenses. If you have a Certificate of Relief from Disabilities or a Certificate of Good Conduct, please provide it with this form.

2. Are there any criminal charges or penal law violations (except for traffic violations) **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.

Signature Date

COLLEGE USE ONLY

Received by the Director of Human Resources

Name

Signature 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) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 31) <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
2								
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 <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

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

New Employee Tax Compliance Notification Sheet

The U.S. government tax authority, the Internal Revenue Service ("IRS"), has implemented strict regulations on taxation and reporting of payments made to non-U.S. citizens. The City University of New York ("CUNY") may be required to withhold U.S. income tax and report to the IRS in connection with CUNY's payments to employees (e.g. Student Employees, Faculty, Staff) who are not U.S. citizens or permanent residents and who receive payment for services.

The SPRINTAX TDS Online Tax Compliance System individual record must be completed by all individuals who are not citizens or permanent residents of the United States. **If you are a new employee, you will receive an email from noreply@sprintax.com with a password and instructions on how to access SPRINTAX TDS Online Tax Compliance system.** Please contact the Nonresident Alien Tax Specialist if you do not receive the password. If your Individual Record in SPRINTAX TDS has already been completed, additional or updated information may be required. Please complete the information in SPRINTAX TDS promptly upon receipt of your access information. If you have an existing SPRINTAX TDS record, please review and update the current record to reflect all relationships with CUNY.

After completion of the information in SPRINTAX TDS, schedule a meeting with the Nonresident Alien Tax Specialist and bring with you all completed forms / original documents.

Please note: the entire process must be completed within 7 business days of the filing of this notification sheet. If you do not complete the entire process within 7 business days, the maximum U.S. federal income tax rate and all other applicable taxes, including FICA, will be withheld from all payments. CUNY will not refund any tax withheld if the required tax information has not been provided.

The Nonresident Alien Tax Specialist is located at:

COLLEGE	
NAME OF THE NONRESIDENT ALIEN TAX SPECIALIST	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	EMAIL

I have been notified of my requirement to complete certain information in SPRINTAX TDS. I understand that a password and instructions for access to SPRINTAX TDS will be sent to me via email. I have included my email address and phone number below:

<input type="text"/>	<input type="text"/>		
Employee Name (print)	Email Address (CUNY email recommended)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	CUNYfirst ID	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CUNY admin Name (print)	Date	Signature	



Original to CUNY administrator
Copy to Employee



College Assistant/Tutor Packet Checklist

The following should be used as a guide to insure you are providing Human Resources with all necessary paperwork and information upon acceptance of offered position.

Please take time to familiarize yourself with the following:

- Appointment Processing and Fees (located in the New Hire Packet)
- [Time and Leave](#) (located in Frequently Asked Questions)
- [Voluntary Benefits](#) (located in Frequently Asked Questions)
- [College Assistant Handbook](#)

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

- 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
- Tutors MUST provide an official transcript with highest degree earned.** Until the official transcript is received there may be a delay in the processing of your paperwork and the appropriate pay rate. No retroactive payments will be made.
- Policies/Procedures agreement page

By signing below, I acknowledge that I have received, and familiarized myself with the above policies by viewing them through the links provided to the BMCC website, 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

Signature