BOROUGH OF MANHATTAN COMMUNITY COLLEGE
The City University of New York
IMMIGRATION REFORM AND
CONTROL ACT OF 1986

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

Among other changes, the Immigration Reform and Control Act of 1986 creates a national employment verification system which places responsibility for verification of the identity and employment eligibility of all employees on the employer. Effective June 1, 1987 this new law requires employers to request and examine original documentation pertaining to the identity and employment eligibility of all new hires and rehires, including U.S. citizens, permanent residents, and non-immigrant visa holders.

Should you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documentation outlined on the reverse side of this document on or before your first day of work.

After these documents are reviewed, you will then be required to complete and sign an Employment Eligibility Verification Form (Form I-9) in the presence of the designated representative of the College.

Should you accept an offer of employment with the College, this process should be completed on or before your first day of work. Otherwise, your employment at the College will be jeopardized.

If you have any questions concerning the employment process at Borough of Manhattan Community College, please call the Human Resources Office, 212-220-8300.
One of these ORIGINAL documents to establish identity, and employment eligibility:

- U.S. passport;
- Certificate of U.S. citizenship (INS Form N0500 or N-561);
- Certificate of Naturalization (INS Form N-550 or N-570);
- Unexpired foreign passport with unexpired official stamp or valid Form I-94;
- NOTE: Use of this form must first be verified.
- Alien registration receipt card with bearer's photograph ("green card"-INS form I-151);
- Resident alien card with bearer's photograph (INS Form I-153);
- Temporary resident card (INS Form I-688);
- Employment authorization card (INS Form I-688A).

If you do not have any of the above documents, then you must present one document from each of the next two sections:

One of these ORIGINAL documents to establish identity:

- State-issued driver's license or state-issued identification card containing a photograph or if the document does not contain a photograph, identifying information such as name, date of birth, sex, heights, color of eyes and address;
- School identification card with a photograph;
- Voter's registration card;
- U.S. military card or draft record;
- Identification card issued by federal, state, or local government agencies or entities;
- Military dependent's identification card;
- Native American tribal documents;
- U.S. Coast Guard Merchant Mariner card;
- Driver's license issued by a Canadian government authority.

AND

One of the ORIGINAL documents to establish employment eligibility:

- Social Security number card other than on which has printed on its face "not valid for employment purposes";
- Certification of birth issued by Dept. of State (Form FS-545);
- Original or certified copy of birth certificate issued by a state, county, or municipal authority bearing a seal;
- Certification of birth abroad issued by Dept. of State (Form DS-1350);
- Unexpired reentry permit (INS Form I-327);
- Unexpired Refugee Travel document (INS Form I-571);
- Employment authorization document issued by the INS;
- Native American tribal document;
- U.S. citizen identification card (INS Form I-197);
- Identification card for use of resident citizen in the U.S. (INS Form I-179).
To: Provisional staff/College Assistant
From: Gloria Chao
Date: November 1, 1999
Re: New York City Employees' Retirement

I would like to inform you that you are eligible to join the New York City Employees' Retirement System (NYCERS) as a provisional employee/College Assistant. A summary of the plan description is enclosed. If you are interested in joining the plan, please stop by my office at S-714 for an application.

Enclosure
NYC EMPLOYEES' RETIREMENT SYSTEM (NYCERS)
TIER IV 57/10 PLAN
Individual Appointed on or after June 28, 1995
335 Adams Street, Suite 2300
Brooklyn, NY 11201
www.nyc.gov/html.nycers

New York State law mandates participation in a retirement system for Civil Service Managerial, Competitive and Labor Class employees. New staff members must file their retirement application with the Office of Human Resources within 6 months from the effective date of their appointment. Provisional and College Assistants are also welcome to join the pension system when starting employment.

<table>
<thead>
<tr>
<th>TYPE PLAN</th>
<th>Defined Benefit Plan: Benefits are based on final 3 years’ average salary and years of employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VESTING</td>
<td>5 years For College Assistants, 1827 hours worked is equivalent to 1 year of full time service.</td>
</tr>
<tr>
<td>RETIREMENT AGE</td>
<td>Minimum: age 57 and minimum of 10 years of credited service Age 50 and minimum of 25 years of credited service In designed as “physical taxing”.</td>
</tr>
<tr>
<td>EMPLOYEE’S CONTRIBUTION</td>
<td>4.85% deduction from regular Bi-weekly paychecks 6.83% for “physically taxing” employees</td>
</tr>
<tr>
<td>RETIREMENT ALLOWANCE</td>
<td>Less than 25 years of credited service: 1.67% x final average salary (FAS) x years of credited service 25 or more years of service: 2% x FAS x years of credited service, up to a maximum of 30 years PLUS 1.5% x FAS x years of credited service in excess of 30</td>
</tr>
<tr>
<td>TAX DEFERRED ANNUITY</td>
<td>Tax Deferred Annuity (TDA) is available. For more information, contact Mr. Gary Diloreto (888) 267-3526 Ext. 5092 CITISTREET or Deferred Compensation Plan website nyc.gov/deferredcomp.</td>
</tr>
<tr>
<td>LOANS</td>
<td>Up to 75% of the portion credited as employee’s contributions</td>
</tr>
<tr>
<td>MISCELLANOUS</td>
<td>1. Refunds of employee’s contribution are available to participant who resigned from city service with less that 5 years of credited service 2. A participant in NYCERS who receives retirement benefits payments is also eligible to receive NYC health insurance coverage 3. Disability Retirement 4. Ordinary Death Benefit/Accidental Death Benefits 5. Purchasing of previous service 6. Transfer to another New York State Retirement System</td>
</tr>
</tbody>
</table>

Alm 3/03
BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City of New York
Department of Personnel

AGENCY SHOP FEE AGREEMENT

This form must be completed by all employees except those in the Managerial Pay Plan, Original Jurisdiction titles, and those employees specifically excluded from collective bargaining by decisions of the Office of Collective Bargaining.

NOTICE TO EMPLOYEE

Under an act passed by the New York State Legislature and by agreement between the City and municipal employee unions, bargaining unit employees who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

EMPLOYEE AFFIRMATION

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop Fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee’s Signature ___________________________ Date ________________

TO BE FILLED OUT BY AGENCY

NOTICE TO UNION

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: ____________________________
Title: ____________________________
Social Security Number: ____________________________
Check Digit

Job Sequence Number (JSN): ________________
Payroll No.: ________________ Title Code No.: ________________
Agency Address: ____________________________ Agency Clerk: ____________________________ Phone #: ________________

Check one: Assigned [ ] Automatically (List plan assigned)
[ ] Manually

To the Union: If the deduction plan was assigned incorrectly, submit correction to the Organizational Dues Unit, Office of Payroll Administration.

* FORWARD TO THE APPROPRIATE UNION
** MAINTAIN A COPY IN EMPLOYEE’S PERSONNEL FILE

DP-2328B (r. 6/93)
RELEASE OF INFORMATION FOR THE CITY UNIVERSITY OF NEW YORK
BOROUGH OF MANHATTAN COMMUNITY COLLEGE

I HEREBY AUTHORIZE YOU TO RELEASE THE REQUESTED INFORMATION
PERTAINING TO MY EMPLOYMENT.

(Name) PRINT

(Signature and date)

Social Security Number _________ - _________ - _________
Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds $8000 and includes more than $250 of unreimbursed income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer or zero allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two-earner/two-job. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8933 before completing this Form W-4.

Check your withholding. After you receive your Form W-4, you may want to: (a) compare the total dollar amount you are having withheld to your projected total tax for 2004, see Pub. 919, especially if your earnings exceed $125,000 (Single) or $175,000 (Married) ; (b) request a change of payment if your earnings exceed $125,000 (Single) or $175,000 (Married) ; (c) look up your Social Security number or get a new one; or (d) check with your employer to see if all your W-4 information is correct.

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent

B Enter "1" if:

B1 You are single and have only one job; or
B2 You are married, have only one job, and your spouse does not work; or
B3 You were a second job or your spouse's wages (or the total of both) are $1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld).

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit.

(Note: Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit): If your total income will be less than $52,000 ($77,000 if married), enter "2" for each eligible child. If your total income will be between $52,000 and $84,000 ($77,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H For accuracy, complete all worksheets that apply.

I If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

J If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $5,000 ($25,000 if married), see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.

K If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than $200 per week.

Type or print your first name and middle initial

Last name

Social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

Additional amount, if any, you want withheld from each paycheck

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption:

I have not had a refund of all Federal income tax withheld because I had no tax liability and

I expect to have no Federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature

Date

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

Office code (optional)

Employee identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2004)
Deductions and Adjustments Worksheet

Note: *Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.*

1. Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over $142,700 ($71,350 if married filing separately). See Worksheet 3 in Pub. 919 for details.)

   - $9,700 if married filing jointly or qualifying widow(er)
   - $7,150 if head of household
   - $4,850 if single
   - $4,850 if married filing separately

2. Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".

3. Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest.

4. Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919)

5. Enter an estimate of your 2004 nonwage income (such as dividends or interest).

6. Subtract line 5 from line 6. Enter the result, but not less than "-0-".

7. Divide the amount on line 7 by $3,000 and enter the result here. Drop any fraction.

8. Enter the number from the Personal Allowances Worksheet, line H, page 1.

9. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note: *Use this worksheet only if the instructions under line H on page 1 direct you here.*

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here.

3. If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

   - If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1: Two-Earner/Two-Job Worksheet</th>
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</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>$0 - $40,000</td>
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<tr>
<td>$40,001 and over</td>
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</table>

<table>
<thead>
<tr>
<th>Table 2: Two-Earner/Two-Job Worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>$0 - $60,000</td>
</tr>
<tr>
<td>$60,001 - 110,000</td>
</tr>
<tr>
<td>$110,001 - 150,000</td>
</tr>
<tr>
<td>$150,001 - 270,000</td>
</tr>
<tr>
<td>270,001 and over</td>
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</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 1402(f)(3)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and State agencies to enforce Federal income tax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form W-4 to this address. Instead, give it to your employer.
New York State Department of Taxation and Finance
Employee’s Withholding Allowance Certificate
New York State • City of New York • City of Yonkers

**Print or type**

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent mailing address (number and street or rural route)</td>
<td>Apartment number</td>
<td>Single/Head of household ☐ Married ☐</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>State</td>
<td>Married, but withhold at higher single rate ☐</td>
</tr>
<tr>
<td>ZIP code</td>
<td>Note: If married but legally separated, check the Single/Head of household box.</td>
<td></td>
</tr>
</tbody>
</table>

Complete the worksheet on page 3 before making any entries.

1. Total number of allowances you are claiming for New York State and the city of Yonkers, if applicable (from line 19) .................................................... 1.

2. Total number of allowances for city of New York (from line 30) ........... 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 ......................................................................................... 3.


5. City of Yonkers amount ....................................................................................... 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.

Employer’s name and address
(Employer: complete this section only if you must send a copy of this form to the New York State Tax Department.)

Employer Identification number __________________________

Employers only: Please check the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

☐ Employee is a new hire

☐ Employee claims more than 14 exemption allowances for New York State

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**Need help?**

Internet access: [www.nystax.gov](http://www.nystax.gov)
Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.

Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
To order forms and publications: 1 800 462-8100
Refund status: (electronically filed) 1 800 353-0708
(direct deposit) 1 800 321-3213
(all others) 1 800 443-3200

Personal Income Tax Information Center: 1 800 225-5829
From areas outside the U.S. and outside Canada: (518) 485-6800
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

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**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1086, 1142, and 1412 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.
Instructions

Number of Withholding Allowances

In order to determine the number of withholding allowances you are entitled to, please follow the instructions below:

1. Start by determining your filing status. You may be single, married filing jointly, married filing separately, head of household, or qualifying widow/widower.

2. Next, consider the exemptions you are entitled to. Each exemption reduces the amount of income subject to withholding.

3. Finally, compare your total number of exemptions to the number of allowances you qualify for based on your filing status. If your total number of exemptions is greater than the number of allowances you are entitled to, you are entitled to zero allowances.

Note: If you are unsure of your filing status or the number of allowances you qualify for, consult with a tax professional or refer to the IRS guidelines for a more accurate calculation.
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: ___________________________________________
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS, one character per space.

Social Security Number:

Last Name: [Blank]
First Name: [Blank]
Middle Initial: [Blank]

Please list below any other name you may be known by (this includes maiden name):

Last Name: [Blank]
First Name: [Blank]
Middle Initial: [Blank]

Street Address: [Blank]
Apt. No. [Blank]

City or Town: [Blank]
State: [Blank]
Zip Code: [Blank]

Home Phone Number: [Blank]
Work Phone Number: [Blank]

LICENSE OR PROFESSIONAL REGISTRATION:
(If required for position or as stated in the vacancy notice or exam announcement, such as driver’s license, engineer’s license, etc.)

1. Name of License/Registration valid in NYC ___________________ License No. ___________________
Name of Issuing Agency ___________________ Date Last Renewed ____________
Date Originally Issued ____________ Date of Expiration ____________
Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________________________

________________________________________________________________________________________

2. Name of License/Registration valid in NYC ___________________ License No. ___________________
Name of Issuing Agency ___________________ Date Last Renewed ____________
Date Originally Issued ____________ Date of Expiration ____________
Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
REVISED CONVICTIONS - To be used instead of Form 602a R-9/95 (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State Law. However, FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMISSION/FALSIFICATION.

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not excuse an offense from your record, and the offense must be reported.

1. Were you ever convicted of an offense anywhere including felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)?

Answer YES or NO __________

Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) currently pending against you?

Answer YES or NO __________

3. In the space below, please list: a) all felony convictions and felony pending charges regardless of the date received; and b) for misdemeanors and violations, all your convictions and pending charges for the past 10 years. If none, write "NONE". You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

<table>
<thead>
<tr>
<th>Date of Conviction (Mo/Yr)</th>
<th>Offense of which you were convicted</th>
<th>Name/location of court</th>
<th>Disposition including incarceration</th>
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WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.

DECLARATION FOR THE SECTIONS ABOVE

Date: __________________________

(Please Print Name) __________________________, residing at __________________________ (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge.

(Signature) __________________________

To be completed by College HR/Personnel Department

Candidate __________________________ College __________________________ Dept. __________________________ Date __________

CSC Title __________________________ Action (Appt., Trans., Reinst.) __________________________ Appt Date __________________________ Status __________________________

Completed by __________________________ Title __________________________ Date __________________________

HR/Personnel Director __________________________ Signature __________________________
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

DESIGNATION OF BENEFICIARY
(Non-Instructional Staff)

Name-Please Print __________________________ Social Security Number __________________________

Title __________________________ Agency __________________________

ACCIDENT DEATH BENEFIT
(Not applicable for Section 220 employee except Laborers)

I. In accordance with the provisions of Personnel Orders No. 26/71, 28,71, and 74,46, the accidental death benefit of $25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

<table>
<thead>
<tr>
<th>Name of beneficiary</th>
<th>Relationship</th>
<th>% of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

II. In accordance with the provisions of Major's Executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual leave and accrued compensatory time provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

<table>
<thead>
<tr>
<th>Name of beneficiary</th>
<th>Relationship</th>
<th>% of Benefits</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
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<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON DEATH AS SPECIFIED ABOVE.

SIGNATURE OF EMPLOYEE (DO NOT PRINT) __________________________ ADDRESS OF EMPLOYEE __________________________

SIGNED AT (CITY, STATE) __________________________ DATE SIGNED __________________________

SIGNATURE OF WITNESS (DO NOT PRINT) __________________________ ADDRESS OF WITNESS __________________________

SIGNED AT (CITY, STATE) __________________________ DATE SIGNED __________________________

NOTE: IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.
Borough of Manhattan Community College  
Office of Human Resources  
Personnel Information form

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name (print)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Department</th>
<th>Date of Appointment</th>
</tr>
</thead>
</table>

( ) Female  ( ) Male  Date of Birth: __________________________

Ethnicity: ( ) American Indian ( ) Alaskan Native ( ) Asian  
( ) Black ( ) Hispanic ( ) Italian American  
( ) Pacific Islander ( ) Puerto Rican ( ) White

U.S. Citizen: ( ) Yes  ( ) No  If you are not a US Citizen,  
Of what country are you a citizen: __________________________  
Of what type of VISA are you holding: ______________________  
Expiration Date: __________________________

Are you a Veteran? ( ) No  ( ) Yes  If you are a Veteran, please specify:  
( ) Active Reserve ( ) Disabled  ( ) Disabled Vietnam Era  
( ) Inactive Reserve ( ) Retired ( ) Vietnam Era

Home Address:  
(Print) ______________________________________________________________________

Telephone Number:  
____________________________________________________________________________

Name of Emergency Contact: __________________________ Relationship: __________

Address:  
____________________________________________________________________________

Telephone Number: __________________________ Business Number: __________________

Education: Degree  Major  Date Earned  Institution  
____________________________________________________________________________

____________________________________________________________________________

To be completed by the Office of Human Resources

I-9 Date: __________ Work Authorization Expiration Date: __________

H.R. Staff Initial: _____ Date: ____
PLEASE READ CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.
PRINT CLEARLY IN INK. SECTIONS IN RED ARE FOR COLLEGE USE ONLY.
INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED.
DO NOT ATTACH YOUR RESUME.
APPLICATIONS ONCE SUBMITTED WILL NOT BE RETURNED. KEEP A
PHOTOCOPY FOR YOUR RECORDS. A PHOTOCOPY MAY BE SUBMITTED
SO LONG AS IT BEARS AN ORIGINAL SIGNATURE IN INK.

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

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

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

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

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

Sections H.1 and H.2, Military Service Record, Military Disciplinary Record: Upon appointment, you will be
required to verify any claims for preference by submitting an original DD214. A DD214 will also be required to
verify your military disciplinary record. The College may make a photocopy of this document.

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

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

If you need additional space to answer any of the Sections in the questionnaire, please use the blank sheet which is
located in Section I, page 8. Please use the same format as the section you are expanding.

NOTE: A separate Conviction Notice and License Registration Form (OFSR-602a) must be submitted with
this application. Licenses - Upon appointment, you must show an original, current license, if one is required for this
position. The College may make a photocopy of each such document. Convictions - Upon appointment, you will be
fingerprinted and your prints will be sent to the New York State Division of Criminal Justice Services for
verification. There is a fee for this verification.

THANK YOU FOR APPLYING TO THE CITY UNIVERSITY OF NEW YORK
The City University of New York is an Equal Employment Opportunity/Affirmative Action,
American's with Disabilities Act, and Immigration Reform and Control Act Employer

OFSR-602 R-1 01/01
FOR COLLEGE USE ONLY

IF APPLICABLE:
Personnel Vacancy Notice No: ______________
Posted Salary: $____________
Title Code No.: ___________ Exam No.: _____
55-a ___________
Appointment Date: ______________________

Vacancy Closing Date: __________________
Posted Title Level: __________________
Administrative/Rank No.: _______________

Department: __________________________

COLLEGE: ____________________________

CANDIDATE NAME: ____________________
SOCIAL SECURITY NO.: _____ / _____ / _____

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

ITEM/B: WORK AUTHORIZATION - (within 3 days of reporting to work):

☐ Verified ☐ Unverified

________________________________________
Birth Verification (Upon appointment)
Date/Place ___________________________
55-a Eligibility ________________________

ITEM/C: EDUCATION DOCUMENTS:

☐ Verified ☐ Unverified

________________________________________

ITEM/D: EMPLOYMENT HISTORY:

☐ Verified ☐ Unverified

________________________________________

ITEM/H: MILITARY SERVICE:

☐ Verified ☐ Unverified

________________________________________

ITEM/I: MILITARY DISCIPLINE:

☐ Verified ☐ Unverified

________________________________________

ITEM/J: LICENSES

☐ Verified ☐ Unverified

________________________________________

Signed by: ____________________________ (Print Name)

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________

Signature: ____________________________
Date: ________________________________
Telephone: ____________________________
PERSONAL HISTORY QUESTIONNAIRE IN THE
APPLICATION FOR EMPLOYMENT IN THE CUNY CLASSIFIED SERVICE
PLEASE READ INSTRUCTIONS ON PAGE ONE

A. POSITION BEING SOUGHT:
Check one:  Full-time  ____
            Part-time  ____
P/T Hours available  __________  P/T Days available _______
1. Civil Service Title: __________________________________________
2. Civil Service Title: __________________________________________

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

B. PERSONAL INFORMATION:

Print Name: ____________________________________________________
            First  M.I.  Last

Mailing Address: _________________________________________________
            No.  Street  Apt. #  City  State  ZipCode

Telephone Number: Home (___) ___-_______  Business (___) ___-_______
            Area Code  Area Code

Social Security No.:  ___ / ___ / ___
Are you eighteen years of age or older?  Yes  No
If under eighteen, state your age _______________________

NOTE: If you were known by any other name, including maiden name, please indicate name(s): __________
If you ever had a different social security number, please indicate it ___ / ___ / ___

1. Are you authorized to work in the U.S.?   __________
NOTE: Under the Immigration Reform & Control Act, CUNY is required to verify your employment eligibility and identity within three days of reporting to work.

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

Do you wish to make known at this time what accommodations would be necessary for you to perform fully? ______(Yes/No)
Use Section I, page 8 to explain or be prepared to provide information upon appointment.

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

FOR VETERANS USE ONLY

3. Are you claiming veteran or disabled veteran preference credits for this position? ______(Yes/No)
   (NYS Law permits you to use veteran credits only once.)

4. Have you ever used your veteran preference credits before for a civil service appointment or promotion within the State of New York? _________(Yes/No) (Your answer will be verified.)
FOR RETIREES OF N.Y.C. OR N.Y.S. ONLY

5. Are you a retiree of either a New York City or State agency and currently collecting a pension? (Yes/No)

6. If yes, are you willing to suspend payment if offered a position with CUNY? (Yes/No)

C. EDUCATIONAL HISTORY:

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

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

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

   Dates Attended (Month and Year) ______ / ________
   From/To
   Were You Graduated? (Yes or No) __________
   Degree __________
   Date Degree Received ______ / ________
   Total Credits Completed ______
   Major Subject __________
   (Month/Year)
   No. of Credits in Major __________

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

   Dates Attended (Month and Year) ______ / ________
   From/To
   Were You Graduated? (Yes or No) __________
   Degree __________
   Date Degree Received ______ / ________
   Total Credits Completed ______
   Major Subject __________
   (Month/Year)
   No. of Credits in Major __________

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

   Dates Attended (Month and Year) ______ / ________
   From/To
   Were You Graduated? (Yes or No) __________
   Degree __________
   Major Subject __________

4. GED: Year Issued: __________
   Certificate Number: __________

D. EMPLOYMENT HISTORY:

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

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

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

   Nature of Business: __________
   Immediate Supervisor’s Phone #: (________)

   Dates of Employment (Month & Year): ______ / ________
   From/To

   Final Base Salary (indicate only one):
   (  ) Annual $________
   (  ) Weekly $________
   (  ) Hourly $________

   Exact Office Title and/or Civil Service Title of Your Position: __________
   Number of Hours Worked Per Week: __________
   Name and Title of Immediate Supervisor: __________
Describe in full the duties of this job:

Number of Employees Directly Supervised: ________________    Reason for Leaving: ____________________________

2. Name and Address of Employer: (Include Zip code; if not located in U.S., give country, and foreign Mail code)

   Nature of Business: ___________________________    Immediate Supervisor's Phone #: (____)

   Dates of Employment (Month & Year): ____/____
   From/To

   Exact Office Title and/or Civil Service Title of Your Position: ____________________________

   Number of Hours Worked Per Week: ____________________________

   Name and Title of Immediate Supervisor: ____________________________

   Describe in full the duties of this job: ____________________________


Number of Employees Directly Supervised: ________________    Reason for Leaving: ____________________________

3. Name and Address of Employer: (Include Zip code; if not located in U.S., give country, and foreign Mail code)

   Nature of Business: ___________________________    Immediate Supervisor's Phone #: (____)

   Dates of Employment (Month & Year): ____/____
   From/To

   Exact Office Title and/or Civil Service Title of Your Position: ____________________________

   Number of Hours Worked Per Week: ____________________________

   Name and Title of Immediate Supervisor: ____________________________

   Describe in full the duties of this job: ____________________________

Number of Employees Directly Supervised: ________________    Reason for Leaving: ____________________________
EMPLOYMENT HISTORY (Continued)

4. Name and Address of Employer: (Include Zip code; if not located in U.S., give country, and foreign Mail code)

Nature of Business: ____________________________ Immediate Supervisor’s Phone #: ( ) Area Code

Dates of Employment (Month & Year): ______ / ______

From/To

Final Base Salary (indicate only one):

( ) Annual $____

( ) Weekly $____

( ) Hourly $____

Exact Office Title and/or Civil Service Title of Your Position: ________________________________

Number of Hours Worked Per Week: ______________

Name and Title of Immediate Supervisor: ________________________________________________

Describe in full the duties of this job:

________________________________________________________________________________

________________________________________________________________________________

Number of Employees Directly Supervised: ____________ Reason for Leaving: ______________________

5. Name and Address of Employer: (Include Zip code; if not located in U.S., give country, and foreign Mail code)

Nature of Business: ____________________________ Immediate Supervisor’s Phone #: ( ) Area Code

Dates of Employment (Month & Year): ______ / ______

From/To

Final Base Salary (indicate only one):

( ) Annual $____

( ) Weekly $____

( ) Hourly $____

Exact Office Title and/or Civil Service Title of Your Position: ________________________________

Number of Hours Worked Per Week: ______________

Name and Title of Immediate Supervisor: ________________________________________________

Describe in full the duties of this job:

________________________________________________________________________________

________________________________________________________________________________

Number of Employees Directly Supervised: ____________ Reason for Leaving: ______________________

NOTE: If needed, list any additional employment clearly on the blank sheet located in Section I, page 8, using the same format.

For investigation purposes following appointment, we will contact all of the employers listed above in Section D. Please indicate by number, which employers you do not wish us to contact prior to your being hired at CUNY: ____________________________________________________________________________
EMPLOYMENT SEPARATIONS:
Have you ever been terminated or asked to resign from any employment? __________ (Yes/No) If yes, give employer's name, your job title, dates of employment, and reason for leaving.

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

G. OTHER PERTINENT INFORMATION:
Do you wish to continue in any other position(s) with a City or State Agency or a CUNY College/Unit? __________ (Yes/No)
If yes, please state below:
Agency/College __________________________ Title __________________________
Are you a full-time student? (Y/N) __________ Where? __________________________
Have you ever worked for CUNY? (Y/N) __________ Where and When? __________________________

H.1 MILITARY SERVICE RECORD:
Have you ever served in the armed forces of the United States? __________ (Yes/No) If yes, complete the following section as it appears on your discharge or separation papers:
What branch? __________________________ Serial/Service No.: __________________________
Dates of active service (Month/Year): ____________ / ____________ ____________ / ____________
From ____________ To ____________
Name as it appears on discharge papers: __________________________
Rank: __________________________ Military Occupation Speciality: __________________________
Enlistment Date (Month/Year) ____________ / ____________ Date of Discharge (Month/Year) ____________ / ____________
If you are a disabled veteran, please complete the following section:
V.A. Claim No.: __________________________ Regional Office Where V.A. Records Are Filed: __________________________

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

H.2 MILITARY DISCIPLINARY RECORD:
Were you ever tried and convicted of an offense resulting in a court martial while serving in the military? __________ (Yes/No)
If yes, give details of the charge and disposition below.
I. USE THIS SECTION FOR ADDITIONAL INFORMATION. INDICATE THE LETTER OF THE SECTION BEING EXTENDED. USE THE SAME FORMAT. ATTACH A SEPARATE SHEET IF NECESSARY.
J. NOTICE (Please read carefully)

A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution. If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, medical, and/or psychological examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent upon successful completion of The City University of New York’s total employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

No manager or representative of The City University of New York has the authority to make an offer of employment or to represent a condition of employment including those made in writing. If such an offer and/or condition is made it would be unenforceable. It would be a violation of the University Bylaws, Rules and Regulations, or Collective Bargaining Agreements governing the administrative policies of the University. Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel/Human Resources Director – made in writing prior to appointment are official representations.

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

AFFIRMATION:

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

Your Signature: ____________________________ Date: ___________________

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

IF YOUR APPOINTMENT HAS BEEN DELAYED BY MORE THAN 30 DAYS SINCE YOUR INITIAL SUBMISSION OF AN APPLICATION, UPON BEING HIRED YOU WILL BE ASKED TO REVIEW THIS APPLICATION AGAIN TO DETERMINE IF YOU NEED TO MAKE CHANGES AND CORRECTIONS. A SEPARATE REVISED CONVICTION NOTICE AND LICENSE REGISTRATION FORM (602-a) MUST BE COMPLETED AND SIGNED TO REFLECT CHANGES/CORRECTIONS. PLEASE, MAKE CHANGES OR CORRECTIONS IN THE SPACE BELOW.

SIGN THE APPLICATION AGAIN, IN SECTION K, BELOW.

K. DELAYED APPOINTMENT:

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

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

AFFIRMATION:

I have made in the space above all the changes and corrections that have occurred since my first submission of this application, under Delayed Appointment. If necessary, I have also submitted a separate revised Conviction Notice and License Registration Form (602-a).

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

Your Signature: ___________________________________ Date: ___________________________________

OFSR-602 R.1- 01/01