



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

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

Dear New Employee

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

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

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

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

Sincerely,

.....
"J wo cp'Tguqwtegu"

/New Employee

To: Candidate for Adjunct Position
From: Human Resources
Subject: Adjunct New Hire Onboarding Process

Congratulations on your new position. After accepting an offer of employment with the Borough of Manhattan Community College, you must complete the Adjunct Employment Packet and submit the required documents, listed in the following paragraph, to the Human Resources Office. The I-9 Employment Eligibility Verification must be completed in person, with original, unexpired documents, and no later than the start of the semester (or by your start date if you are hired after the semester started).

Please contact Jane Asare at jasare@bmcc.cuny.edu or Ext.8300 in the Human Resources Office to schedule an appointment to complete the I-9. Bring the following (5) items together to the appointment.

- Your offer letter, signed to indicate your acceptance.
- The fully completed packet, printed single-sided – see the offer letter for instructions to retrieve the packet.
- Original, unexpired documents you choose to present for the I-9 (see USCIS list of acceptable documents in the packet).
- Social Security card, in original - Your name on the new hire paperwork needs to match the name on your Social Security card.
- If you choose to set up direct deposit, we need a voided check or direct deposit letter from the bank (only 1 of the 2).

Human Resources must have the required items listed above to input you into CUNYfirst and payroll. Any late or missing items will cause a delay in activation in the system.

While not a processing impediment, we also require two letters of recommendation and an official copy of the transcript of the highest degree earned. You may request for it to be sent electronically from the school to Vivian Ong at vong@bmcc.cuny.edu or by mail to the HR Office at the following address:

Borough of Manhattan Community College, Office of Human Resources
199 Chambers Street, Room S-717A
New York, NY 10007

The timing of your initial salary check will be based on the above process and our receipt of the completed Personnel Action Form (PAF) submitted by your department. No action is initiated without the completed PAF. If you have further questions, please email at officeofhumanresources@bmcc.cuny.edu or call us at (212) 220-8300.

Thank you.

Adjunct Packet Checklist

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

- ☐ Proof of Identity and Employment Eligibility (original and unexpired documents)
Under federal law, you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring original and unexpired proof of identity/eligibility to HR before your first day of work.
- ☐ Social Security Card (for payroll purposes)
- ☐ Fully completed, signed, and dated new hire packet
- ☐ Official Transcript of highest earned degree (sealed envelope or E-Transcript) directly from the school
(Transcripts are not required for Adjunct College Lab technicians.)
- ☐ Direct Deposit WITH voided check OR letter from the bank OR bank statement
- ☐ Resume
- ☐ Two (2) Reference Letters

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

- [Important information for Adjuncts](#)
- [Adjunct Benefits](#)
- [Frequently Asked Questions](#)

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

The timing of your initial paycheck 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.

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

Print Name

Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2023****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 surviving spouse <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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)
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Department of Taxation and Finance

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		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	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.					
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"/>					
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				1	
2 Total number of allowances for New York City (from line 31, if using worksheet)				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	
4 New York City amount				4	
5 Yonkers amount				5	

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

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's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.nys.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A ☐

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

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

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 New York State Tax Department.)	Employer identification number
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Scan here



<https://www.tax.ny.gov/r/it2104i-2023>

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

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

www.NYC.gov/payroll

TYPE OF
ACTION

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

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

EMPLOYEE SECTION

EMPLOYEE
IDENTIFICATION

FIRST

M.I.

LAST

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SOCIAL SECURITY NUMBER

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

WORK TELEPHONE

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

Enrollment

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

PERSON 1

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

PERSON 2

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

ABA NUMBER*

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

ACCOUNT NUMBER**

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

ACCOUNT TYPE
(CHECK ONLY ONE)

--

SAVINGS

--

CHECKING

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

EMPLOYEE AUTHORIZATION

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

Employee Signature _____

Date

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 /

--	--

 /

--	--

Cancellation

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

Employee Signature _____

Date

--	--

 /

--	--

 /

--	--

AGENCY PAYROLL SECTION

DOCUMENT #

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

CHECK DIGIT

--	--

JSN

--	--

PAYROLL

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

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

AGENCY REP

NAME

(PLEASE PRINT)

SIGNATURE _____

DATE _____

DATA ENTRY
OPERATOR

NAME

(PLEASE PRINT)

SIGNATURE _____

DATE _____

Name (print)

Social Security Number

Date of Birth

Title

Department

Date of Appointment

Select one of the following

☐ Male
☐ Female
☐ Transgender
☐ Gender Nonconforming
☐ Non-Binary

☐ A gender not listed
☐ X
☐ Not Specified (removing gender information)

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

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

Review the following important Policies and Procedures by opening the links provided.

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

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


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

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

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

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

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

Select  Sign yourself to sign

Signature

Date

Print Name



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

AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

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

"I hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York and that I will faithfully discharge the duties of the Position of _____ according to the best of my ability"

Name: _____

Select  Sign yourself to sign _____

Address: _____

Date: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE

Last Name: _____

First Name: _____

College: _____

Department: _____

Check here if you are a CUNY Doctoral Student

Important Notice to Applicants

Our Commitment to Diversity

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

Notice of Non-Discrimination

It is the policy of the University-applicable to all colleges and units-to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without discriminating on the basis of actual or perceived race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, status as a victim of domestic violence/stalking/sex offenses, unemployment status, caregiver or familial status, prior record of arrest or conviction, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth in CUNY's *Policy on Equal Opportunity and Non-Discrimination*.

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

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

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

Disability Accommodation Available for Applicants

If you require an accommodation for a disability in order to participate in the selection process, please contact the College's Office of Human Resources.

Clery Act

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

Military Service

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

Professional References

Current and former employers may be contacted for verification of any and all information stated in this application or obtained during any phase of the selection process. In order for CUNY to obtain this information, please complete the *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you.

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

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



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

Position Title: _____

Contract Title: _____

College: _____ Job ID#: _____

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

Check here if you are a CUNY Doctoral Student

Personal Information

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

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____ Email: _____

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

Yes No

If yes, please explain: _____

Are you legally authorized to work in the United States?

Yes No

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

Yes No

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

Applicant Attestation

By my signature below, I declare and affirm that I have read and fully understand that:

-Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (*including but not limited to the letter of application and resume/CV*), or in any oral statements I may make during the selection process shall be sufficient cause to end further consideration of my application prior to being hired, or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired;

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

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

-No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, policies, or collective bargaining agreements governing employment at CUNY; and any representations that are contrary to these policies, even when made in writing, are unenforceable.

Select  Sign yourself to sign : _____

Date: _____

Education

Please indicate the highest equivalent grade of education completed:

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

List schools attended, beginning with most recent:

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

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

Type: _____

License Number: _____

Employment History

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

Employer Name (1): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (2): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (3): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (4): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

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

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

Important Skills, Competencies, or Experience Not Identified Above

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

Professional References

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

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

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

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

College Use Only

Reviewed by Chair of Search Committee/Hiring Manager:

Name: _____

Select  Sign yourself to sign : _____ Date: _____



College: _____

Name of Candidate: _____

Position Sought: _____

Authorization to Release Reference Information

I have applied for a position with The City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Select  Sign yourself to sign : _____

Date: _____

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

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



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.

Last Name: _____ First Name: _____
College: _____ Department: _____
Position: _____ Check here if you are a CUNY Doctoral Student

Post Conditional Offer Verifications and Checks

Employment Eligibility and Identity Documents Verification

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

Verification of Credentials

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

Criminal Background Check

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

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.

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

- Provide a written Article 23-A analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and/or documents 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.

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

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



Accommodation required to perform Essential Job Functions

It is the University's policy to provide reasonable accommodations, 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 at the college or unit where you have received the conditional offer of employment.



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – 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: _____ Position: _____

Contract Title: _____ Job ID#: _____

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

Check here if you are a CUNY Doctoral Student

Personal Information

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

If known by another name, please provide: _____

Address: _____ Apt: #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Preferred Phone #: _____

Please complete Page 3



Confidential Criminal Background Information

1. Have you ever been convicted of a misdemeanor or felony? Even if you were convicted, answer "NO" if your conviction:
- a. Was sealed, expunged or reversed on appeal
 - b. Was for a violation, infraction or other petty offense such as "disorderly conduct"
 - c. Resulted in a youthful offender or juvenile delinquency finding
 - d. If you withdrew your plea after completing a court program and were not convicted of a misdemeanor or felony.

Yes No

2. Are there any criminal charges **currently** pending against you?

Yes No

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

Offense	Date of Conviction	Name/Location of Court	Disposition including incarceration
Offense	Date of Conviction	Name/Location of Court	Disposition including incarceration
Offense	Date of Conviction	Name/Location of Court	Disposition including incarceration
Offense	Date of Conviction	Name/Location of Court	Disposition including incarceration

Applicant Attestation:

By my signature below, I declare and affirm that I have read and fully understand that:

Any misrepresentation of 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 that I am hired.

Signature: _____

Date: _____

College Use Only

Received by the Director of Human Resources

Name: _____

Date: _____

Signature: _____



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

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

Teaching and Non-Teaching Adjunct voluntary benefits:

Health Benefits

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

Retirement Benefits

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

Tax-Deferred Annuity Plans

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

New York State Deferred Compensation 457(b) Plan

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

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

Transit Benefits

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

Tuition Waiver

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

CUNY Work/Life Program

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

If you have any questions, please contact the Benefits Manager or your HR Adjunct Specialist.