

**CONVICTION NOTICE AND LICENSE REGISTRATION FORM**

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

**PLEASE ANSWER ALL QUESTIONS**

SSN#: \_\_\_\_\_ DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ APT: \_\_\_\_\_

**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 #: \_\_\_\_\_ Name of Issuing Agency: \_\_\_\_\_

Date Originally Issued: \_\_\_\_\_ Date Last Renewed: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Renewal No. (if any): \_\_\_\_\_

Have you ever had a license, certificate or permit suspended or revoked?  If yes, give full details below.

2. Name of License/Registration valid in NYC: \_\_\_\_\_

License #: \_\_\_\_\_ Name of Issuing Agency: \_\_\_\_\_

Date Originally Issued: \_\_\_\_\_ Date Last Renewed: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Renewal No. (if any): \_\_\_\_\_

Have you ever had a license, certificate or permit suspended or revoked?  If yes, give full details below.

**REVISED  
CONVICTIONS**

To be used instead of Form 602a R-01/01 (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 guideline 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 expunge 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**

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 penalty or sentence you received.

Date/Conviction \_\_\_\_\_ Offense \_\_\_\_\_

Name/Location of Court \_\_\_\_\_

Disposition including Incarceration \_\_\_\_\_

Date/Conviction \_\_\_\_\_ Offense \_\_\_\_\_

Name/Location of Court \_\_\_\_\_

Disposition including Incarceration \_\_\_\_\_

Date/Conviction \_\_\_\_\_ Offense \_\_\_\_\_

Name/Location of Court \_\_\_\_\_

Disposition including Incarceration \_\_\_\_\_

**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 STATEMENTS ABOVE**

Date: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Name) (Address)

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

\_\_\_\_\_  
(Signature)

Candidate: \_\_\_\_\_ To be completed by HR/Personnel Department  
College: Bronx Community College Dept: \_\_\_\_\_ Date: \_\_\_\_\_

CSC Title: \_\_\_\_\_ Action(Appt, Trans,Reinst) \_\_\_\_\_ App't Date: \_\_\_\_\_ Status: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

HR/Personnel Director: \_\_\_\_\_  
(Signature)