



Department of Human Resources
 South Hall, Room 106
 P: 718.289.5119
 F: 718.289.6000

**Bronx Community College
 Of The City University of New York**
 2155 University Avenue
 Bronx, New York 10453

To: All New Employees
From: Marta A. Clark, Executive Director of Human Resources
Subject: Application Instructions - Employment Application Packet

Welcome To Bronx Community College.

The Office of Human Resources must receive ALL items listed below before processing of applications can begin.

Please use the checklist below for the completion and submission of forms required for processing your employment. Email **Debbie Tyner** (Debbie.Tyner@bcc.cuny.edu) or **Angel Martinez** (Angel.Martinez03@bcc.cuny.edu) between **Monday through Friday within the hours of 9:00 a.m. to 5:00 p.m.** to receive a link for Virtual Drop Off of your completed application to begin processing.

CHECKLIST

HR	Employee
<u>Employment Record</u>	
<input type="checkbox"/>	<input type="checkbox"/> CUNY Employment Application (Parts 3 & 4)
<input type="checkbox"/>	<input type="checkbox"/> Procedure for Fingerprinting (<u>Name of College:</u> Bronx Community College, <u>College ID Code:</u> 463)
<input type="checkbox"/>	<input type="checkbox"/> Personal Data Form
<input type="checkbox"/>	<input type="checkbox"/> Emergency Contact Information
<input type="checkbox"/>	<input type="checkbox"/> Statement of Citizenship
<input type="checkbox"/>	<input type="checkbox"/> Emergency Evacuation Assistance
<input type="checkbox"/>	<input type="checkbox"/> Voluntary Self-Identification for Employees
<input type="checkbox"/>	<input type="checkbox"/> Veteran Status
<input type="checkbox"/>	<input type="checkbox"/> Voluntary Self-Identification of Disability
<u>Employment Eligibility</u>	
<input type="checkbox"/>	<input type="checkbox"/> Form I-9
<u>Payroll Forms</u>	
<input type="checkbox"/>	<input type="checkbox"/> Form W-4
<input type="checkbox"/>	<input type="checkbox"/> Form IT-2104
<input type="checkbox"/>	<input type="checkbox"/> NYC Direct Deposit Form
<u>Supporting Documents</u>	
<input type="checkbox"/>	<input type="checkbox"/> NYCAPS ESS Account Information
<input type="checkbox"/>	<input type="checkbox"/> Orientation for IT Security
<input type="checkbox"/>	<input type="checkbox"/> Oath Upon Appointment
<input type="checkbox"/>	<input type="checkbox"/> External Employment of Classified Staff
<input type="checkbox"/>	<input type="checkbox"/> CUNY Policy Checklist
<input type="checkbox"/>	<input type="checkbox"/> Authorization to Release Reference Information
<input type="checkbox"/>	<input type="checkbox"/> Designation of Beneficiary Form
<input type="checkbox"/>	<input type="checkbox"/> General Release Form for Use of Photography

Items you must bring with your application

- Birth Certificate
 - High School Diploma
 - Receipt for Fingerprinting Services – See Instructions
 - United States Postal Service (USPS) Money Order for processing. **Must be payable to: Bronx Community College.**
 - Original** Social Security Card
 - Photo ID (Driver's License, Alien Resident Card, Passport, etc.)
-

If you have any questions in regards your title, please contact [Debbie Tyner](#) at 718.289.3144 or [Angel Martinez](#) at 718.289.3113.

Signature: _____

Date: _____

DESIGNATION OF BENEFICIARY
(Non-Instructional Staff)

Employee Name: _____ SSN#: _____

Title: _____ Agency City University of New York

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:

- | Name of Beneficiary | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) if non 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 Mayors executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual and accrued compensatory time provided for therein is to be paid to the following beneficiary of 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).

- | Name of Beneficiary | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 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 CANCELED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY 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.

Bronx Community College
of The City University of New York

General Release Form for Use of Photograph

I hereby grant The City University of New York (CUNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City University of New York from any liability that may arise from such use of my name, graduate program and/or likeness.

I am at least 18 years old.

Signature

Date

Name (please print)

