



Department of Human Resources
 South Hall, Room 106
 P: 708.289.5119
 F: 718.289.6000

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

*Full-Time & Adjunct Faculty, Full-Time & Adjunct College Laboratory Technicians,
 Non-Teaching, Instructional Staff (HEO Series), Non-Teaching Adjuncts Hiring
 Documents*

New hires **may not** begin work until the appropriate I-9 documents, academic transcript/diploma and social security card have been verified by the Office of Human Resources. **Submit ORIGINAL documents for verification. Missing documents or copies will delay the hiring process.**

Please use the checklist below for the completion and submission of forms required for processing your employment. Email **Angel Martinez** (Angel.Martinez@bcc.cuny.edu) or **Shawn Henry** (Shawn.Henry@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

Employment Record

- CUNY Employment Application (Parts 3 & 4)
- Personal Data Form
- Emergency Contact Information
- Statement of Citizenship
- Emergency Evacuation Assistance
- Voluntary Self-Identification for Employees
- Veteran Status
- Voluntary Self-Identification of Disability
- Official sealed transcript mailed from degree granting institution. **Individuals who have degrees from outside the United States must have it evaluated by an accredited evaluation agency.**

Please see list of accredited agencies: www.cs.ny.gov/jobseeker/degrees.cfm. The evaluation is to be paid for by the employee.

Employment Eligibility

- Form I-9 (with ORIGINAL documents, as listed.)
- Original degree or diploma to be presented to HR for verification. HR will keep a copy of the documents.

Payroll Forms

- Form W-4
- Form IT-2104
- NYC Direct Deposit Form
- Original** Social Security Card

Supporting Documents

- NYCAPS ESS Account Information
- Orientation for IT Security
- Oath Upon Appointment
- CUNY Policy Checklist
- Authorization to Release Reference Information
- Designation of Beneficiary Form
- General Release Form for Use of Photography
- Information on Union Membership in PSC-CUNY

Items you must bring with your application

- Curriculum Vitae/Resume
 - 3 Professional references letters must be e-mailed or mailed directly from source to your department's liaison.
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If you have any questions in regards your title, please contact [Angel Martinez](#) at 718.289.3113 or [Shawn Henry](#) at 718.289.5118.

Signature: _____

Date: _____

- **Departments A-G:** [Angel Martinez](#) **Phone:** 718.289.3113
- **Departments H-W:** [Shawn Henry](#) **Phone:** 718.289.5118

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.

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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)

