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## THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART FOUR LICENSE OR PROFESSIONAL REGISTRATION VERIFICATION

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LICENSES AND PROFESSIONAL REGISTRATIONS MAY BE REQUIRED FOR CERTAIN TITLES.

CANDIDATES FOR EMPLOYMENT WHO ARE REQUIRED TO HAVE A CURRENT LICENSE OR PROFESSIONAL REGISTRATION MUST SUBMIT THIS FORM AT THE TIME OF HIRE, PRIOR TO ANY APPOINTMENT. COPIES OF LICENSE OR REGISTRATION MAY BE REQUIRED.

EMPLOYEES ARE RESPONSIBLE FOR MAINTAINING CURRENT LICENSE /PROFESSIONAL REGISTRATION AND MUST UPDATE THEIR RECORDS IN THE OFFICE OF HUMAN RESOURCES.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Contract Title: \_\_\_\_\_ Full Time Part Time

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

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Name of License/Registration: \_\_\_\_\_

Name of Issuing Agency: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Last Renewed: \_\_\_\_\_ Renewal #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever had this license, certificate or permit suspended or revoked? Yes No

If yes, provide details:

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Name of License/Registration: \_\_\_\_\_

Name of Issuing Agency: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Last Renewed: \_\_\_\_\_ Renewal #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever had this license, certificate or permit suspended or revoked? Yes No

If yes, provide details:



I hereby certify that the information provided is accurate.

Signature: \_\_\_\_\_

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

**Office of Human Resources**

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

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

Signature: \_\_\_\_\_