

Date

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART 4**

**LICENSE OR PROFESSIONAL REGISTRATION VERIFICATION**

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

Last Name  First Name  Middle Initial   
 College  Department   
 Contract Title   Full-time  Part-time

Name of License/Registration   
 Name of Issuing Agency   
 License Number  Date Issued  Date of Expiration   
 Date Last Renewed  Renewal #  Date of Expiration   
 Have you ever had a license, certificate or permit suspended or revoked?  Yes  No  
 If yes, provide details

Name of License/Registration   
 Name of Issuing Agency   
 License Number  Date Issued  Date of Expiration   
 Date Last Renewed  Renewal #  Date of Expiration   
 Have you ever had a 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  Signature \_\_\_\_\_ Date \_\_\_\_\_