



NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT
EMPLOYMENT DIVISION
90 CHURCH STREET • NEW YORK, NY 10007

Please answer all items on this sheet

RE (NAME):	
APPLICANT ID #:	
JOB OPENING ID #:	
TITLE:	

PLEASE RESPOND TO THE QUESTIONS BELOW:

- 1. ARE YOU OR IS ANY MEMBER OF YOUR HOUSEHOLD A LANDLORD IN THE NYC HOUSING AUTHORITY'S SECTION 8 HOUSING PROGRAM? Yes No
- 2. DO YOU LIVE IN PRIVATE HOUSING SUBSIDIZED BY THE NYC HOUSING AUTHORITY'S SECTION 8 PROGRAM? Yes No
- 3. DO YOU LIVE IN A NEW YORK CITY HOUSING AUTHORITY DEVELOPMENT? Yes No

IF YES, NAME OF DEVELOPMENT: _____

- 4A. ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR THE HOUSING AUTHORITY? Yes No

IF YES, RELATIVE'S NAME: _____

RELATIONSHIP: _____

- 4B. ARE YOU RELATED TO ANYONE CURRENTLY RESIDING AT A HOUSING AUTHORITY DEVELOPMENT?

IF YES, RELATIVE'S NAME: _____ Yes No

RELATIONSHIP: _____

NAME OF DEVELOPMENT: _____

- 5. ARE YOU CURRENTLY RECEIVING A PENSION FROM THE NEW YORK CITY EMPLOYMENT RETIREMENT SYSTEM (NYCERS) OR FROM ANOTHER GOVERNMENT ENTITY? Yes No

- a. IF YES, INDICATE PENSION SYSTEM AND AGENCY FROM WHICH YOU RETIRED.

PENSION SYSTEM: _____

AGENCY: _____

- b. IF YOU ARE AN EMPLOYEE OF NEW YORK STATE OR THE CITY OF NEW YORK, WILL RESIGNATION FROM YOUR CURRENT POSITION MAKE YOU ELIGIBLE FOR RETIREMENT BENEFITS? Yes No

I hereby certify that all of the information given above is complete and accurate to the best of my knowledge and belief. I understand that if upon investigation any statement above is found to be untrue, it may lead to termination of my employment with the New York City Housing Authority.

DATE

PLEASE PRINT

PLEASE SIGN



CITY OF NEW YORK DATA SHEET : EMPLOYMENT

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 First Initial

--

 SSN

--

--

--

--

NEW CIVIL SERVICE TITLE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NOTE: Complete Employment Data Sheets for all employment since you last completed a Personal History Questionnaire (PHQ), Comprehensive Personnel Document (CPD) or Update Personnel Documents (UPDs) Data Sheets. Do not repeat information already contained in your personnel folder. In completing this document if you find it necessary, you may ask to review your previously completed PHQ or CPD and any UPDs/Data Sheets in your personnel folder. If you are listing more than one position, use additional Employment Data Sheets. Where placed by a temporary agency or union, specify the name and address of both the temporary agency/union and those work placements which exceeded six months. Use a Data Sheet for each period that you were **unemployed** for over 4 months; give the dates of the period and state how you supported yourself. Indicate those jobs in which you were self-employed, by printing "Self-Employed" under supervisor. If you require assistance in completing this Data Sheet, you may refer to Section II, Pages 12 and 13 in the UPD(B) Applicant Guidelines.

A) Dates FROM

--	--	--	--

 TO

--	--	--	--

 Hours Worked

--

--

 per/wk

Day / Night

--

 Company still in business? (Y /N/?)

--

 Last Salary \$

--	--	--	--

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--

 *

*(Indicate per Annum (A), Day (D), Hour (H))

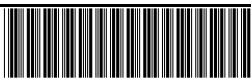
Job Title								
Civil Service Title (if with NYC)								
Employer Name	N	Y	C	H	A			
Street Address								
City or Town								
State	Zip Code							
Country (if not U.S.)								
Foreign Postal Code								

Status if with NYC:

- Permanent (C)
- Provisional (J)
- Non-Competitive (N)
- Exempt (X)
- Labor (L)
- Unclassified (U)

Supervisor (Name/Title/Phone Number) _____

Reason for leaving _____

Duties (include number / titles of employees supervised directly / indirectly): <i>if employment was not continuous, state total years / months actually worked</i>	List % of time for each duty (must total 100%)
	100%

NYCHA 015.270

B) ADDITIONAL INFORMATION:

- 1. Since you last completed a PHQ, CPD or UPD, have you been barred or disqualified from a City, County, State or Federal job? (YES/NO)
- 2. Since you last completed a PHQ, CPO or UPD, have you been disciplined (i.e., suspended, demoted, reprimanded, fined, fired, terminated, discharged) in any position, by either a public or private employer? (YES/NO)
- 3. Since you last completed a PHQ, CPD or UPD, have you resigned from a job while a disciplinary action was pending against you? (YES/NO)
- 4. Since you last completed a PHQ, CPO or UPD, have you resigned from a job to avoid termination or disciplinary action? (YES/NO)

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS IN SECTION D BELOW:

C) PRIOR CONVICTIONS

Have you any convictions prior to completion of your previous PHQ, CPD or UPO? (YES/NO)

D) COMMENTS:

By signing below, I affirm, under the penalties of perjury, that I personally completed this data sheet and that everything I have written is, to the best of my knowledge and belief, true and complete.

_____ **Signature** _____ **Date**

AGENCY USE ONLY :



CITY OF NEW YORK DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES
ONE CENTRE STREET, 21ST FLOOR, NEW YORK, NY 10007

UPDATE PERSONNEL DOCUMENT (UPD-A)

THIS PAGE FOR HIRING AGENCY USE ONLY -- TYPE OR PRINT IN BLACK INK

APPLICANT NAME: _____
LAST FIRST M.I.
 SOCIAL SECURITY NUMBER _____ -- _____ -- _____ REFERENCE NUMBER _____

II. AGENCY REVIEW OF TPF DOCUMENTS (Indicate "X" for all that apply)

ATTACHMENTS: APPROVAL PROCESSING FEE (Mark One): WAIVED NOT WAIVED
 NO NEW CONVICTION RECORD/DEROGATORY INFORMATION
 PHQ/CPD/UPD/DATA SHEETS/I-9/DOCUMENTS, ETC. BEING SENT TO DCAS FOR REASON BELOW (Mark One):
 NEW PRIOR CONVICTION RECORD PRIOR DEROGATORY INFORMATION BOTH
 FINGERPRINTS SENT TO DCAS LAW ENFORCEMENT TITLE
 POSITION SUBJECT TO DOI FINGERPRINTING

III. INFORMATION ABOUT PREVIOUS CITY EMPLOYMENT

DATE LAST EMPLOYED BY NYC (Must be one year or less--indicate N/A if no break) _____
MM / DD / YYYY
 PRIOR AGENCY: _____ PRIOR TITLE: _____ PRIOR TITLE CODE: _____
 PRIOR STATUS: CURRENT PERMANENT LEAVE TITLE CODE3: _____

IV. DOES THIS POSITION REQUIRE KEYBOARD OR STENO SKILLS? (Y/N)

If yes, tested keyboard speed _____ (wpm/keystrokes) Number of errors _____ Pass (Y/N)
 Tested steno speed _____ (wpm) Number of errors _____ Pass (Y/N)

V. INFORMATION ABOUT NEW POSITION TO BE FILLED

PREAUDIT POSTAUDIT N/A

AGENCY _____ NYCHA AGENCY CODE _____ 996 APPOINTMENT DATE _____
MM / DD / YYYY
 TITLE _____ TITLE CODE _____ SALARY \$ _____ Per _____
Annum (A), Day (D) or Hour (H)
 SELECTIVE CERT ASSIGNMENT (Y/N) SPECIALTY _____
 LESS THAN TWENTY (20) HOURS PER WEEK (Y/N) PROCESSING FEE WAIVED (Y/N)

VI. APPOINTMENT CATEGORY

CIVIL SERVICE LIST (LIST APPOINTMENT OR RULE 5.4.1 B/C)
 OC PROMOTION EXAM # _____ GROUP # _____ LIST # _____ VP DVP
 PROVISIONAL/TEMPORARY/SEASONAL
 NEW APPOINTMENT OR PROMOTION/STEP-UP OR CONTINUOUS SERVICE
 RULE NO. _____ PER DIEM/PER HOUR LIST IN EXISTENCE (Y/N)
 RULE 5.4.2(A) LOA INFORMATION REGARDING EMPLOYEE ON LEAVE
 NAME _____ SSN _____ - _____ - _____ LEAVE DATES From _____ To _____
MM/DD/YYYY MM/DD/YYYY
 NONCOMPETITIVE
 WITH/WITHOUT REQUIREMENTS (CSL 55-a) OR RULE 3.2.10 (Out of City) OR RULE 3.2.11
 EXEMPT EXEMPT POSITION NO. _____ EXEMPT FORMER INCUMBENT _____
 LABOR UNCLASSIFIED

- VII. 1. Print prior name (e.g. maiden name) beneath APPLICANT NAME
 2. For nonmayorals, postaudits and list actions, indicate N/A. List approvals required at the time of Certification request.
 3. If there has been a break in service, print N/A.
 4. For postaudit actions, print basis of postaudit status above POST AUDIT.
 5. For 5.4.1(b)/(c), do not check OC or PROMOTION. Indicate Exam, Group, List # and RULE NUMBER.
 6. Where break in service is one year or less.
 7. Provisional promotion one level above permanent title in same occupational group and agency.
 8. Provisional appointment which is not a step-up and where there is no break in service.

PERSONNEL OFFICER AFFIRMATION

Knowing the provisions of Section 95 of the Civil Service Law and with full knowledge of the responsibility and liability placed upon me thereby, I certify that this appointment is made properly under the category checked above; that, based upon the documents and information submitted, the above-named individual meets the minimum qualification requirements for this title; and that I believe the statements to be true.

Signature(s) of Appointing Officer(s)/Institutional Examiner _____ Title _____ Telephone No. _____ Date _____



UPDATE PERSONNEL DOCUMENT (UPD-B)

Last Name	<input type="text"/>	First Initial	<input type="text"/>	SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
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THIS SECTION TO BE COMPLETED BY THE APPLICANT -- USE BLACK INK ONLY

This is an update of information in your personnel folder since you last completed a Personal History Questionnaire (PHQ), a Comprehensive Personnel Document (CPD) or a previous Update Personnel Document (UPD). In completing this document, if you find it necessary, you may ask to review your previously completed PHQ or CPD and any UPDs/Data Sheets in your personnel folder. Where specified, answer YES (Y) if information has changed since you last completed PHQ/CPD/UPD(s). For any YES answers on this document, you may be provided with information or instructions by your personnel officer or be required to complete Data Sheets or additional forms. You must complete the Employment Data Sheet (DS-10) so that your last position with the City, as well as any secondary or self-employment that you may have held, is recorded and made part of your personnel folder. You must also complete the Authorization for Release of Information (DS-12). If the position requires a driver's/trade/professional license, you must complete the Licenses Data Sheet (DS-11). Your personnel office will provide these Data Sheets to you. To answer questions 2 and 7, read Section I of the UPD(B) Applicant Guidelines.

APPLICANT UPDATE PERSONNEL QUESTIONS

- YES(Y) NO(N)**
- 1. Since you last completed a Personal History Questionnaire (PHQ), Comprehensive Personnel Document (CPD) or Update Personnel Document (UPD), has your name, address, or telephone number changed?
 - (a)** 2. (a) Are you a resident of New York City; or (b) Are you a non-resident of New York City (NYC) who is required to move into NYC, or (c) Are you a non-resident of New York City (NYC) who is not required to move into NYC? To answer, you must read Section I.A in the UPD (B) Applicant Guidelines.
 - (b)**
 - (c)**
 - (a)** 3. (a) Since you last completed a PHQ, CPD or UPD, has there been a change in your eligibility to work in the United States (e.g., re-issuance or requirement of re-issuance of a work permit; issuance of a Resident Alien Card; naturalization)? **NOTE:** For employees employed on the basis of a work permit, any change in position requires a new work permit. (b) If this title requires American citizenship, are you a U.S. citizen? If American citizenship is not required, print N/A (Not Applicable) in the following space. _____ If YES, see UPD(B) Applicant Guidelines, Page 15.
 - (b)**
 - 4. Since you last completed a PHQ, CPD or UPD, have you served in the Armed Forces of the United States? (You should also answer YES (Y), if you have not previously provided information on a PHQ, CPD or UPD regarding the receipt of an Expeditionary Medal for military service in Lebanon, Grenada or Panama.)
 - (a)** 5. Since you last completed a PHQ, CPD or UPD, (a) have you been convicted of an offense anywhere (see note below), and (b) are any criminal charges pending against you; (c) if, in your new position, you will be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman), have you had ANY arrests during your lifetime that did not result in a conviction? Under (c), if you will not be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman), print N/A in the following space: _____.
 - (b)**
 - (c)**
- Note: Offenses include felonies, misdemeanors and violations. A plea of guilty is a conviction even if you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities. Except for Firefighter, Police Office or Peace Officer(including Special Patrolman) applicants, you DO NOT have to disclose any material sealed, expunged, or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender just because of your age at the time of the offense. Only a court can determine youthful offender status. (If you are unsure whether you were considered a youthful offender, answer YES (Y) and provide details on Data Sheet DS-5.)**
- A conviction record or pending criminal charges will not necessarily disqualify you from the position for which you are applying. If you list convictions or pending charges, you may state facts in favor of your employment on the Data Sheet. These facts will be considered when the investigator reviews your case.**
- You are responsible for listing all offenses, as outlined above, which were not stated in a previous PHQ, CPD or UPD. Do not include traffic violations. If necessary, you may request to review your previous PHQ/CPD/UPD(s).**
- 6. Since you last completed a PHQ, CPD or UPD, have there been any changes in your education
 - 7. In addition to assuming a position for which this application is being completed, are you continuing employment with another City agency or other governmental agency or jurisdiction? To answer, you must read Section I.B in the UPD(B) Applicant Guidelines. (Note: If both employers are mayoral agencies, DCAS approval is required.)
 - 8. Are you a retiree from any retirement system administered by New York State or any of its political subdivisions (i.e., state, county, or municipality)? If YES, see UPD(B) Applicant Guidelines, Page 18.
 - 9. Are you being appointed to a position in a new agency and requesting a leave of absence from your permanent civil service list title? (Note: If you are changing agencies and have previously been granted such a leave of absence, you must now request a new leave from your original agency.)

AFFIRMATION:

By signing my name below, I acknowledge that my appointment or promotion depends upon my full cooperation in investigation and my meeting all applicable qualifications including medical and residency, as provided by the Civil Service Law or other applicable laws, the Personnel Rules and Regulations of the City of New York, the Notice of Examination or Class Specification, and the NYC Charter/Administrative Code/Mayoral Directive on Residence. I understand that a false statement or intentional omission of any material fact may cause me to be disqualified, even following appointment, and may lead to prosecution. I further understand that if I have been selected for appointment from a civil service list, I have the right to request that my investigation be completed before appointment. If such an investigation has not previously been requested and completed, I waive that right. I also acknowledge that my employment is subject to the satisfactory completion of any applicable probationary period.

By signing below, I affirm, under the penalties of perjury, that I have read the instructions/information on this questionnaire and Section I of the UPD(B) Applicant Guidelines including NYC Charter Section 1127, all of which are incorporated by reference and made a part of this document, I understand the requirements and conditions stated and agree to be bound by them, I have personally completed this questionnaire, and that everything I have written within is, to the best of my knowledge and belief, true and complete. IF THIS ACTION IS PAYROLLED IN THE CITY'S PAYROLL MANAGEMENT SYSTEM (PMS), I AUTHORIZE THE PAYROLL DEDUCTION OF THE REQUIRED PERSONNEL PROCESSING FEE.

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____



NEW YORK CITY HOUSING AUTHORITY

XII. AFFIRMATION

LAST NAME: _____ FIRST INITIAL: _____ SOC. SEC. NO. _____

***PRIOR TO SIGNING, YOU MUST READ CPD (B) APPLICANT GUIDELINES SECTION, PAGES 1-10.**

By signing my name below, I acknowledge that my appointment or promotion depends upon my full cooperation in investigation and my meeting all applicable qualities including medical and residency, as provided by the Civil Service Law or other applicable laws; the Personnel Rules and Regulations of the City of New York, the Notice of Examination or Class Specification, and the NYC Charter/ Administrative Code/Mayoral Directive on Residence.

I understand that my background is subject to investigation and I do not object to verification or release to the City of New York of any or all information related to this application, including, but not limited to, documents from my personnel files residing with other agencies within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services. And that should I subsequently change employment to another agency within the jurisdiction of the Commissioner of New York City Department of Citywide Administrative Services my personnel files will be transferred to that agency.

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

I realize that a false statement or intentional omission of any material fact may cause me to be disqualified even following appointment or licensure and may lead to prosecution.

I further understand that if I have been selected for appointment or promotion from civil service list, I have the right to request that my investigation be completed before appointment, and if such an investigation has not previously been requested and completed, I waive that right.

I also acknowledge that my employment is subject to the satisfactory completion of any applicable probationary period.

If this action is pay rolled in the City's payroll management system (PMS), I authorize the payroll deduction of the required personnel processing fee.

By signing below, I affirm, under the penalties of perjury, that,

I understand the requirement and conditions stated and agree to be bound by them;

I agree to comply with the following requirements, where applicable, as outlined in Section I of the CPD (B) applicant Guidelines:

- (1) NYC Residence Requirement Document based upon the Administrative Code and the Mayoral Directive on Residence;
- (2) Notification of Drug Fee Workplace Policy and any additional related agency reporting requirements (all mayoral and nonmayoral appointments).
- (3) Personnel Order 78/9, as amended, re: Service as an Officer in Political parties (management employees in mayoral agencies serving in exempt or noncompetitive titles or serving provisionally in competitive titles);
- (4) Mayoral Directive 81-2 re: Computer Usage and Data Security Policy (all mayoral and nonmayoral appointments). I have completed all 20 pages of this CPD (B) application including those pages which I marked N/A. (YES/NO) _____

I have completed additional Data Sheets which are attached (YES/NO) _____

If YES, state number of additional Data Sheets completed _____

I have personally completed this application and everything I have written within is to be the best of my knowledge and belief, true and complete.

Signature: _____ Date: _____

*For Assistance, see CPD(B) Applicant Guidelines Page 20-22

Applicant's Initials: _____
DP-2488-CPD (B) (R. 1/04)

Agency Use Only: _____
(TPF SECTION 41)



NOTICE OF CHANGE OF PERSONAL INFORMATION | NEW YORK CITY HOUSING AUTHORITY

EMPLOYEE NAME (Current) LAST | EMPLOYEE NAME (Current) FIRST | M.I.

EMPLOYEE ID # | SOCIAL SECURITY # (Current) | DATE OF BIRTH (Current)

PRINT LEGIBLY, AND BE SURE TO SIGN AND DATE THIS FORM.

All employees must provide Human Resources with their current address of residence (NOT a Post Office Box number) and phone number, as well as an emergency contact name and phone number. This form changes your personal information for NYCHA's Human Resources records, W-2 and health benefits plan. Change of address for all other organizations must be made directly with them.

To change Name, SS # or DOB hand-deliver original form to: HUMAN RESOURCES, 90 Church Street, 5th floor, New York, NY 10007 with the supporting documents below:

- Change or correct your name and/or social security #, bring original SS# card with your correct name.
Change or correct your date of birth, bring a copy of your birth certificate, original driver's or non-driver's license.

To change or correct all other personal information:

- Fax this form to [212-306-5124]; or Mail this form inter-office to: HUMAN RESOURCES, 90 Church Street, 5th floor, New York, NY 10007

CHANGE/CORRECTION OF NAME AND/OR SS# AND/OR DATE OF BIRTH

EMPLOYEE NAME (New) LAST | EMPLOYEE NAME (New) FIRST | M.I.

SOCIAL SECURITY # (Corrected) | DATE OF BIRTH (Corrected)

CHANGE OF ADDRESS, APARTMENT #, TELEPHONE #, EMERGENCY CONTACT INFORMATION

ADDRESS OF RESIDENCE (Cannot be a Post Office Box number) | APT. #

CITY | STATE | ZIP CODE | CELL PHONE # | HOME PHONE #

DO YOU LIVE IN A NYCHA DEVELOPMENT? | DO YOU LIVE IN PRIVATE HOUSING SUBSIDIZED BY NYCHA'S SECTION 8 PROGRAM?

CHANGE/CORRECTION OF MAILING ADDRESS

MAILING ADDRESS (If different from residence, e.g., P.O. Box # or Care Of) You cannot use the address of a property owned or operated by NYCHA as a mailing address unless you are an authorized tenant of record or an authorized member of the household.

STREET ADDRESS | APT. #

CITY | STATE | ZIP CODE

CHANGE/CORRECTION OF EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT | RELATIONSHIP

EMERGENCY CONTACT TELEPHONE # | EMERGENCY CONTACT ALTERNATE #

ADD THE NAME(S) OF RELATIVES AND/OR ANY PERSON RESIDING IN YOUR HOUSEHOLD WHO ALSO WORKS FOR NYCHA

Relative includes spouse; (natural, foster or step) parent; child; brother or sister; father-in-law or mother-in-law; domestic partner; parent or child of a domestic partner; domestic parent's relative residing in the household and/or any other person residing in an employee's household.

Table with columns: Relative's Name, Relationship, Work Location, Lives at your Legal Residence. Includes Yes/No checkboxes.

UPDATE EDUCATIONAL ACHIEVEMENTS: Month/Year of last Achievement

High School Diploma/Equivalency | Bachelor's Degree | Master's Degree | Juris Doctor | Doctorate

Professional License/Certificate | Type | License No. | Exp. Date

I have reviewed and affirm that I have made all necessary changes. I understand that a false statement or intentional omission may result in disciplinary action.

Employee's Signature | Date

FOR HUMAN RESOURCES USE ONLY

I CERTIFY THAT SUPPORTING DOCUMENTATION IS ON FILE FOR THE ABOVE CHANGE(S) AND THAT THE NECESSARY DATA WAS ENTERED INTO NYCAPS.

Name (print and sign) | Date



**NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT/EMPLOYMENT DIVISION
RESIGNATION FROM PERMANENT CIVIL SERVICE POSITION**

I, _____, hereby resign from my permanent Civil Service position of _____, effective _____. .

The reason for this resignation is:

- I have accepted an appointment as a Civil Service _____ with the N.Y.C. Housing Authority.
- I have accepted an appointment as a Civil Service _____ with another City Agency.
- Other (please explain)

I understand that by resigning from my current position I am giving up my permanent Civil Service status in that position.

Furthermore, I understand that by resigning from my current position I will not have an automatic right to return to that position in the future should I desire to do so, and that any reinstatement to that position is within the discretion of the New York City Housing Authority.

I understand that any such reinstatement must be accomplished within a period of time equivalent to the time an employee has actually served in the Civil Service of New York City, but in no event shall such period be less than one year nor more than four years from the date of resignation.

RESIGNING EMPLOYEE: <i>(Signature)</i>	<i>(Print Name)</i>	DATE
WITNESSED BY: <i>(Signature)</i>	<i>(Print Name)</i>	DATE



VALID DRIVER LICENSE CERTIFICATION FORM

NEW YORK CITY HOUSING AUTHORITY

PLACE EMPLOYEE DRIVER LICENSE IN SPACE BELOW AND COPY THE ENTIRE FORM. COMPLETE & SIGN THE PHOTOCOPIED FORM WHICH INCLUDES EMPLOYEE DRIVER LICENSE.

NAME (Please Print) LAST	FIRST	M.I.	EMPLOYEE ID NUMBER
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ADDRESS (Please Print) STREET	APT. NO.	CITY	STATE	ZIP CODE
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TITLE NAME	TITLE NUMBER	DRIVING DUTY CATEGORY <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3
------------	--------------	--

WORK LOCATION NAME	WORK LOCATION NUMBER
--------------------	----------------------

<i>I certify that the driver license shown above is valid.</i> Employee's Signature _____	DATE
--	------

SUPERVISOR	
_____	_____
<i>(Print Name)</i>	<i>(Print Title)</i>
_____	_____
<i>(Sign Name)</i>	<i>(Date)</i>

PLACEMENT COORDINATOR (<i>For use by Employment Division</i>)	DATE
_____	_____
<i>(Print Name)</i>	<i>(Sign Name)</i>

CATEGORY 1 TITLES		
Administrative Construction Project Manager	Computer Service Technician / Supervising	Plumber
Appraiser	Construction Project Manager / Intern	Senior Automotive Service Worker
Asbestos Handler / Supervisor	Elevator Mechanic / Helper / Supervisor	Senior Motor Vehicle Supervisor
Asbestos Hazard Investigator	Glazier	Supervising Housing Groundskeeper
Auto Body Worker	Inspector (Construction; Electrical; Housing)	Supervisor Electrician
Auto Mechanic	Lead Abatement Worker	Supervisor of Electrical Installations & Maint.
Automotive Service Worker	Mason's Helper	Supervisor of Elevator Maintenance
Caretaker G (Licensed Motorized Equipment)	Media Services Technician	Supervisor of Mechanics - Mechanical Equipment
Caretaker X (designated as Driver)	Motor Grader Operator	Supervisor Roofer
Chauffeur - Attendant	Motor Vehicle Operator / Supervisor	

Send **Original** signed copy to Human Resources Department, Special Projects Unit, 90 Church Street, 5th Floor.

