



1 Applicant Required for all applications.

Form with fields: Last Name, First Name, Middle Initial, Social Security No., Date of Birth (m/d/y), Business Name, Business Telephone, Business Address, *Business Fax, City, State, Zip, *Mobile Telephone, E-Mail, License Type: [] Construction Superintendent, [] Concrete Safety Manager

2 Third Party Verification Select one.

- [] I will obtain a notarized Employment Verification Form from each employer attesting to my duties and duration of employment at my position
[] I will obtain a notarized Employment Verification Form(s) from my Union attesting to the entire employment history listed in SECTION 5

3 Authorized Union Representative Statements and Signatures Complete if applicable.

Form with fields: Last Name, First Name, Middle Initial, Title, Union Name, Business Telephone, Business Address, *Business Fax, City, State, Zip, *Mobile Telephone, E-Mail

I am an authorized representative of the union named above. I hereby state that I have verified the attached work history of the applicant named above based on union records. Documentation will be made available upon request of the department. Falsification of any statement is a misdemeanor under §§ 28-211.1, 28-201.2.1.2, and 28-203.1.1 of the Administrative Code and is punishable by a fine, imprisonment, or both.

Notarization table with columns: Name (print), Signature, Date, Notarization (required if not licensee) State of New York, County of: Sworn to or affirmed under penalty of perjury day of 20, Notary Signature, Licensee Seal or Notary Seal

4 Applicant Statements and Signatures Required for all applications.

I hereby state that all information submitted is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §§ 28-211.1, 28-201.2.1.2, and 28-203.1.1 of the Administrative Code and is punishable by a fine, imprisonment, or both.

Notarization table with columns: Name (print), Signature, Date, Notarization (required if not licensee) State of New York, County of: Sworn to or affirmed under penalty of perjury day of 20, Notary Signature, Licensee Seal or Notary Seal

ADMINISTRATIVE USE ONLY Do not write in this section.

Administrative use section with fields: Date received, Reviewed by, Comments, [] Approved, [] Rejected

5 Relevant Employment History *Begin with most recent history. Attach additional pages if required.*

Employer's Name			Business Telephone
Address			*Business Fax
City	State	Zip	*Mobile Telephone
E-Mail			<i>*optional</i>
Start Date (m/d/y)		End Date (m/d/y)	

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		

Employer's Name			Business Telephone
Address			*Business Fax
City	State	Zip	*Mobile Telephone
E-Mail			<i>*optional</i>
Start Date (m/d/y)		End Date (m/d/y)	

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		

Employer's Name			Business Telephone
Address			*Business Fax
City	State	Zip	*Mobile Telephone
E-Mail			<i>*optional</i>
Start Date (m/d/y)		End Date (m/d/y)	

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		