



CLASS C HOISTING MACHINE OPERATOR
EMPLOYMENT VERIFICATION AFFIDAVIT

Applicants must obtain a completed verification affidavit from every business/firm where the applicant was employed.

An original verification affidavit from each employer/supervisor must be submitted by the applicant to the Licensing Unit (by appointment only) along with the Background Investigation Questionnaire before an applicant's background investigation can be started.

Please read and follow these directions before filling out the form:

- The applicant's name must appear on every page.
- All answers must be printed or typed. Illegible entries will not be considered.
- All sections of this verification form must be completed by the applicant's direct supervisor. The form **may not** be completed by an Office Manager or Personnel/Human Resources employee.
- The Applicant's supervisor, **not the applicant**, must complete all portions of this verification form, sign the form and have it notarized.
- **ONLY** list the job duties the applicant performed under your direct supervision.
- Every question must be answered. If a question does not apply to you, enter "N/A" (not applicable).
- Please attach copies of all active hoist machine/crane operation licenses you currently hold.
- Only the hoisting machines included in this affidavit will be considered.
- Pages may be photocopied.
- As many additional pages as necessary may be attached to the form.
- The Hoisting Machine Chart must be completed and attached to the form.



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SUPERVISOR'S INFORMATION:

Your name and current job title: _____

Your Company's/Firm's Name: _____

Your current telephone number: _____ Fax number: _____

Your title when supervising the Applicant (if different) _____

Are you currently a NYC licensed Hoisting Machine Operator (HMO)? Yes No

If yes, list License #: _____ Date of Issuance: _____ HMO Class: _____

Please list any additional **ACTIVE** hoist machine/crane operation license(s) you hold and the State of licensure (*please attach copies*):

License #: _____ State/Agency of Issuance: _____ Date of Issuance: _____

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APPLICANT'S EMPLOYMENT INFORMATION:

Employed From: _____ To: _____ Full Time Part Time

Dates you directly supervised the Applicant: From: _____ To: _____

Applicant's Position/Title(s): _____

Were you a licensed as a HMO while the Applicant was under your supervision? Yes No

If yes, list License #: _____ State of Issuance: _____ Date of Issuance: _____

If NYC licensee, list your HMO Class during your times of supervision: _____

Please indicate the number of crane set-ups this applicant has completed under your supervision involving outrigger placement: _____



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Please list **ALL** of the Applicant's job duties while under your supervision: Please indicate the approximate percentage of time dedicated to each duty. (i.e. 5% paperwork; 5% Machine Prep; 90% Machine Operation. Percentages **must** add up to 100%)

Please list the Applicant's duties when not operating a crane:

Was the applicant ever terminated, asked to resign or subject to any disciplinary action while in your employ? Yes No If yes, please explain:

Was the applicant's employment satisfactory? Yes No

Please state any and all reasons of which you are aware why the Department should deny licensure as a NYC Hoisting Machine Operator to the Applicant. I do not know of any Reason

ADDITIONAL COMMENTS:



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I HAVE VOLUNTARILY PROVIDED THE ATTACHED INFORMATION ON THE VERIFICATION FORM REGARDING THE PREVIOUSLY MENTIONED APPLICANT. I ATTEST TO AND AFFIRM THE TRUTHFULNESS OF MY STATEMENTS AND FULLY UNDERSTAND THAT ANY FALSE STATEMENT OR ANY MATERIAL OMISSION MADE IN CONNECTION WITH THIS DOCUMENT IS SUFFICIENT CAUSE FOR THE CITY OF NEW YORK TO DENY THE LICENSE BEING SOUGHT BY THE APPLICANT. I UNDERSTAND THAT ANY FALSE STATEMENT MADE HEREIN MAY SUBJECT ME TO CRIMINAL CHARGES, INCLUDING, BUT NOT LIMITED TO, NEW YORK STATE PENAL LAW SECTIONS 175.35 (OFFERING A FALSE STATEMENT FOR FILING) AND 240.40 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U.S.C SECTION 1001 (FALSE OR FRAUDULENT STATEMENT), WHICH MAY RESULT IN IMPRISONMENT, A FINE, OR BOTH.

Print your name: _____

Your signature: _____

Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

On the _____ day of _____ in the year 20____,
_____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above Verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing affidavit are true.

(Affix Stamp/Seal Here)

(NOTARY PUBLIC)