



City of New Rochelle

NEW YORK

Site Safety Superintendent - Work History for Registration Application

Page 1 of _____

1 Applicant *Required for all applications.*

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
E-Mail	*Mobile Telephone	
	<i>*optional</i>	

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.*

Last Name	First Name	Middle Initial
Title		
Union Name	Business Telephone	
Business Address	*Business Fax	
City	State	Zip
E-Mail	*Mobile Telephone	
	<i>*optional</i>	

I, the person signing below, have voluntarily provided the attached information in the verification form regarding this Applicant. I attest and affirm to the truthfulness of my statements and fully understand that any false statement of any material omission made in connection with this document is sufficient cause for the City of New Rochelle to deny the registration being sought by the applicant. I also understand and agree that any false statement or any material omission made in connection with this document is sufficient cause for the City of New Rochelle to invalidate, rescind or revoke any and all licenses and/or registrations that were issued to me under the jurisdiction of the City of New Rochelle. In addition, I hereby understand that any such false submission 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 (swore false statement) and/or Title 18 U.S.C. section 1001 (false or fraudulent statement), which may result in imprisonment, a fine, or both.

Name (print)	Notarization (required if not licensee) State of _____ County of _____	Licensee Seal or Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of _____ 20____	
Date	Notary Signature	

4 Applicant Statements and Signatures *Required for all applications.*

I, the person signing below, have voluntarily provided the attached information in the verification form regarding this Applicant. I attest and affirm to the truthfulness of my statements and fully understand that any false statement of any material omission made in connection with this document is sufficient cause for the City of New Rochelle to deny the registration being sought by the applicant. I also understand and agree that any false statement or any material omission made in connection with this document is sufficient cause for the City of New Rochelle to invalidate, rescind or revoke any and all licenses and/or registrations that were issued to me under the jurisdiction of the City of New Rochelle. In addition, I hereby understand that any such false submission 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 (swore false statement) and/or Title 18 U.S.C. section 1001 (false or fraudulent statement), which may result in imprisonment, a fine, or both.

Name (print)	Notarization (required if not licensee) State of _____ County of _____	Licensee Seal or Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of _____ 20____	
Date	Notary Signature	

ADMINISTRATIVE USE ONLY *Do not write in this section.*

Date received: _____	Reviewed by: _____
Comments: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected



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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