



THE CITY OF NEW YORK
DEPARTMENT OF INVESTIGATION
180 MAIDEN LANE
NEW YORK, NEW YORK 10038

DATE SENT TO DOI
(mm/dd/yyyy)

TERMS AND CONDITIONS OF APPOINTMENT

(Form must be typed and include employee's signature. For documentation, both the employee and Human Resources should keep a copy of this form.)

EMPLOYEE FIRST NAME SOCIAL SECURITY NUMBER DATE OF BIRTH (mm/dd/yyyy)

EMPLOYEE LAST NAME AGENCY

OTHER NAMES USED (Include maiden name) PAYROLL TITLE CODE

HOME ADDRESS PAYROLL TITLE

CITY STATE ZIP CODE IN-HOUSE TITLE

WORK PHONE (###-###-####) SALARY

PERSONAL CELL PHONE (###-###-####) DATE OF APPOINTMENT/PROMOTION (mm/dd/yyyy)

Type of Document (Check one):

- Background Investigation Questionnaire
- Updated Terms and Conditions of Appointment and SCDEA Form

Financial Background Questionnaire (Check one):

- Yes
- No

Which Background Criteria Apply? (Check all that apply):

- Manager Level M4 or Higher
- Salary \$125,000 or Higher
- Authority to Enter Into Financial Agreements of \$10,000 or Higher
- Authority to Negotiate, Authorize, or Approve Contracts or Applications for Zoning Changes, Variances, and Special Permits
- Administrator-Level Access to Computer Systems
- DOI Appointment
- Mayor/Mayoral Agency Head Request
- Other _____

DOI Processing Fee (Check one):

(A payroll deduction should take place 30 days after the background is submitted to DOI.
Exception: Economic Development Corporation employees and City Marshals who are required to pay a processing fee must do so by money order or cashier's check, payable to DOI.)

- \$250
- N/A

Is this individual required to be a New York City resident? (Check one):

- Yes
- No

An SCDEA Compliance Form must be completed by your agency and submitted to DOI for this appointment.

HUMAN RESOURCE PERSONNEL NAME

EMAIL

HUMAN RESOURCE PERSONNEL TITLE

PHONE (### - ### - ####)

I, the above-named individual, hereby accept appointment to the above position subject to the following terms and conditions:

1. I understand that my appointment to the above position is subject to approval by the head of the appointing administration, department, or agency.
2. I also understand that my appointment is subject to my being cleared for employment by the New York City Department of Investigation.
3. I hereby authorize the Department of Investigation to commence its background investigation by making any investigation of my background deemed necessary. I agree to be fingerprinted as part of a criminal history check and I give the Department of Investigation permission to secure all necessary personal data from government and private sources. I further agree to cooperate with all phases of the background investigation.
4. I have read, completed, and submitted the attached questionnaire(s) to the Department of Investigation. I understand that any misrepresentation of a material fact on the questionnaire(s), or on any other documents submitted in connection with my appointment, may have an adverse effect on my satisfactory completion of the background investigation, including the revocation of this conditional offer of employment. I hereby declare my intention to answer all questions fully and truthfully.
5. I agree to hold the City of New York, its agencies, and its employees harmless with respect to any personal claims for damages, expenses, or injuries that may arise as a result of the background investigation.
6. I understand and agree that I may be disciplined and/or removed from any position by the appointing administration, department, or agency as a result of the background investigation.

EMPLOYEE SIGNATURE

DO NOT WRITE BELOW THIS LINE

DATE (mm/dd/yyyy)

BACKGROUND INVESTIGATION INITIATED BY DEPARTMENT OF INVESTIGATION

DOI RECEIVED DATE
(mm/dd/yyyy)