



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Hiring Division/Bureau:

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### PRE-EMPLOYMENT AGREEMENT

I understand that I am being asked to complete the processing paperwork for the position of \_\_\_\_\_

This request shall not be construed as being a valid /final binding job offer on behalf of the New York City Department of Health and Mental Hygiene or any of its employees.

I understand that I may be allowed to commence employment in the position for which I have completed the processing paperwork, but such will not be deemed a final binding job offer.

Such an offer will be made only when the following conditions have been met:

- I have met all title qualification requirements for the position
- I have been medically cleared (if applicable) by the Department of Health and Mental Hygiene's Employees' Health Program
- All the appropriate internal and external approvals are received

Furthermore, I understand that if the Department's Employees' Health Program medically disqualifies me, or if I do not meet the title's qualification requirement for the position, or all the appropriate internal and external approval are not received a job offer will not be made and I will be notified.

NAME OF APPLICANT: \_\_\_\_\_  
(Please Print)

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_