Site Safety Coordinator Employment Verification Affidavit

Applicants must obtain a completed verification affidavit from every business/firm where 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.

Employers: Please read the following 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 the verification form must be completed by the applicant's direct supervisor. The form may not be completed by an office manager or personnel or a Human Resources employee
- The applicant's supervisor, not the applicant, must complete all portions of the 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 include all the projects/worksites where the applicant worked during his/her employment
- Only the work sites included in this affidavit will be considered as part of the applicant's qualifying experience
- Pages may be photocopied
- As many additional pages as necessary may be attached to the form
- If you are submitting experience earned outside of New York City, you must provide official governmental documentation from the jurisdiction where the project was located. The documentation should include the full address, square feet, height and scope of work performed

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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) _____

Do you hold any professional licenses, certifications or registrations? Yes ☐ No ☐

If so, please list them below and attach a photocopy of all licenses, certifications or registration cards:

License Type & No.: _____ State/Agency of Issuance: _____ Date Issued_____

License Type & No.: _____ State/Agency of Issuance: _____ Date Issued_____

License Type & No.: _____ State/Agency of Issuance: _____ Date Issued_____

APPLICANT'S EMPLOYMENT INFORMATION:

Employed From: _____ To: _____ Full Time ☐ Part Time ☐

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

Applicant's position/title(s): _____

Please indicate the dates the applicant was a supervisor:

From: _____ To: _____ ☐ Applicant did not supervise anyone

Approximately how many people did the applicant supervise? _____ ☐ N/A

What percent of the time did applicant supervise other workers? (ex: 25%, 50%) _____ ☐ N/A

APPLICANT'S NAME: _____

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

_____

_____

_____

_____

_____

_____

Was the applicant's employment satisfactory? Yes ☐ No ☐

Please state any and all reasons you are aware as to why the Department should deny certification as a NYC Site Safety Coordinator to the Applicant. ☐ I do not know of any reason

_____

_____

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_____

ADDITIONAL COMMENTS:

_____

_____

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APPLICANT'S NAME: _____

NYC Buildings

Site Safety Coordinator Employment Verification Affidavit

PROJECTS/WORK SITES

On the spaces provided below, please indicate the exact full address, square footage, height, start/end dates and a detailed description of the applicant's duties for each project/worksite where h/she worked during his/her entire employment your company.

Project #1: ☐**N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐Full-Time ☐Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

Project #2: ☐**N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐Full-Time ☐Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

APPLICANT'S NAME: _____

NYC Buildings

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Project #3: ☐ **N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐ Full-Time ☐ Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

APPLICANT'S NAME: _____

NYC Buildings

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ADDITIONAL PROJECTS/WORK SITES

NOTE: You May Photocopy This Page to Submit Additional Projects

Project # : ☐**N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐Full-Time ☐Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

Project # : ☐**N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐Full-Time ☐Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

APPLICANT'S NAME: _____

Project # : ☐**N/A** **Were you Applicant's direct supervisor?** **Yes** ☐ **No** ☐

Address: _____
(House # & Street) (City) (State) (Zip)

NYC Job No.: _____ _____ _____ _____
SQ FT. & HGT **START DATE** **END DATE**

Applicant was at this project/work site: ☐Full-Time ☐Part-Time – Hours per Week _____

List all of the applicant's specific duties and responsibilities at this location. Please be very detailed.

_____

_____

_____

APPLICANT'S NAME: _____

Site Safety Coordinator Employment Verification Affidavit

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)

APPLICANT'S NAME: _____