

APPLICATION FOR EMPLOYMENT

Office of Human Resources/State University of New York at New Paltz

Name _____
Last First Middle Initial

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Social Security Number

Address _____

Telephone (_____) _____

City _____ State _____ Zip _____

Work Phone (_____) _____

I am interested in being considered for the following position: _____

Title

I have, have not, passed the by Civil Service Examination (if required). _____

Title of Exam

Score

I am available for employment on _____
Date

I am interested in: Temporary Employment Part-time Employment Full-time Employment

Do you have the legal right to accept employment in the United States? Yes No

Are you a Veteran? Yes No

Do you have a valid New York State Driver's License? Yes No

CDL? Yes No CDL Classification: A B C

AFFIRMATIVE ACTION POLICY STATEMENT

The State University of New York College at New Paltz does not discriminate on the basis of race/ethnicity, color, gender, sexual orientation, religion, national origin, age, disability, marital status, status of a Vietnam-era or disabled veteran, or genetic predisposition or carrier status in admission, employment, and treatment of students and employees.

Proof of identity AND either U.S. citizenship or employment authorization are required prior to employment.

Have you ever been employed by the State University of New York or another State Agency? Yes No

If yes, please indicate agency and dates of employment. _____

Have you ever been convicted of a felony? Yes No

If yes, please explain.* _____

* A criminal conviction is not an automatic bar to employment. Each case will be considered on its merit in relation to the duties and responsibilities of the position for which you are applying.

List clerical, laboratory, or technical skills you have, and any office or heavy machinery you can operate which relate to the position for which you are applying:

I have read the essential duties and job requirements for the position for which I am applying, and am able to perform all these requirements. Yes No

EDUCATION

High School _____ Graduate Yes No
Address _____ Degree/Diploma _____
City _____ State _____ Zip _____ Major _____
Dates of Attendance _____

College/University _____ Graduate Yes No
Address _____ Degree/Diploma _____
City _____ State _____ Zip _____ Major _____
Dates of Attendance _____

College/University _____ Graduate Yes No
Address _____ Degree/Diploma _____
City _____ State _____ Zip _____ Major _____
Dates of Attendance _____

Graduate School _____ Graduate Yes No
Address _____ Degree/Diploma _____
City _____ State _____ Zip _____ Major _____
Dates of Attendance _____

Business/Trade School _____ Graduate Yes No
Address _____ Degree/Diploma _____
City _____ State _____ Zip _____ Major _____
Dates of Attendance _____

Licenses And Certifications: (please list)

EMPLOYMENT

List your employment record beginning with your most recent employment (use a separate sheet if necessary)

Employer _____	Dates _____ <i>From</i> _____ <i>To</i> _____
Position Title _____	Final Salary \$ _____
Dept./Division _____	Telephone No.(_____) _____
Supervisor _____	Reason for leaving _____
Employer Address _____	May we contact this employer?
City _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties _____	

Employer _____	Dates _____ <i>From</i> _____ <i>To</i> _____
Position Title _____	Final Salary \$ _____
Dept./Division _____	Telephone No.(_____) _____
Supervisor _____	Reason for leaving _____
Employer Address _____	May we contact this employer?
City _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties _____	

Employer _____	Dates _____ <i>From</i> _____ <i>To</i> _____
Position Title _____	Final Salary \$ _____
Dept./Division _____	Telephone No.(_____) _____
Supervisor _____	Reason for leaving _____
Employer Address _____	May we contact this employer?
City _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties _____	

Employer _____	Dates _____ <i>From</i> _____ <i>To</i> _____
Position Title _____	Final Salary \$ _____
Dept./Division _____	Telephone No.(_____) _____
Supervisor _____	Reason for leaving _____
Employer Address _____	May we contact this employer?
City _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties _____	

PROFESSIONAL REFERENCES

(Past employers, supervisors, co-workers, etc.)

Name _____ Telephone (_____) _____

Relationship _____ Length of relationship _____

Name _____ Telephone (_____) _____

Relationship _____ Length of relationship _____

Name _____ Telephone (_____) _____

Relationship _____ Length of relationship _____

Name _____ Telephone (_____) _____

Relationship _____ Length of relationship _____

I hereby authorize investigation of all statements contained in this application and any attached information provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form may be cause for refusal of employment or termination if offered a position.

SUNY New Paltz does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital status, or sexual orientation in accordance with Federal and State law. We are an Affirmative Action Equal Opportunity employer.

APPLICANT SIGNATURE _____ DATE _____

Check if enclosing your resume