

Human Resources, Haggerty 203B, 1 Hawk Dr., New Paltz, NY 12561-2443 www.newpaltz.edu/hr/training Tel: (845) 257-3171 Fax: (845) 257-3956

Name			XXXXX		
Last	First	Middle Initial	Social Security Number		
Address			Telephone ()		
City	State	Zip	Work Phone ()		
I am interested in being considered for the following position:					
I have, have not, passed the	by Civil Service Examinati	on (if required).	Title of Exam	Score	
I am available for employment on _	Date				
I am interested in:					
Do you have the legal right to accept employment in the United States? \Box Yes \Box 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					
Have you ever been employed by the State University of New York or another State Agency?					
If yes, please indicate agency and dates of employment.					

Are you retired from any public (state, county, city, etc.) agency in New York State? Ves No

If yes, a Retirement & Social Security Law Acknowledgement Form (RSSLAF) must be completed and submitted (initially and upon any updates, for tax and compliance purposes) before employment can be finalized. This form is available in the Office of Human Resources (HAB 203) and online at http://www.newpaltz.edu/hr/benefits_forms.html.

EMPLOYMENT

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

Employer		Dates
Position Title		From To
Dept./Division		
Supervisor		
Employer Address		
City		
Duties		
		Maximum composite at this amontaviarQ
		 Yes □No
Employer		Dates
Position Title		
Dept./Division		
Supervisor		
Employer Address		
City		
Duties		
		 May we contact this employer?
		 □ Yes □ No
Employer		Dates
Position Title		
Dept./Division		
Supervisor		
Employer Address		
	State	
Duties		
		 May we contact this employer?
		 □ Yes □ No
Employer		 Dates
Position Title		
Dept./Division		
Supervisor		
Employer Address		
City		
Duties		
		 May we contact this employer?
		 □ Yes □ No

EDUCATION

High School			Graduate 🗆 Yes 🗆 No
Address			
City			
			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			
City			
			Dates of Attendance

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:

Licenses And Certifications: (please list)

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

Affirmative Action/EEO Statement

The State University of New York at New Paltz is committed to fostering a learning and working environment in which all faculty, student, staff and visitors are treated with respect and dignity. Therefore, the college prohibits discrimination, harassment (including sexual violence and harassment) in accordance with college policy, NYS Human Rights Law, Title VII, Title IX, and the American with Disabilities Act. Information as required by the Clery Act may be found at http://www.newpaltz.edu/police/ securityact.html. Inquiries regarding the application of laws, regulations and policies prohibiting discrimination may be directed to The Affirmative Action Officer. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights (OCR).

All requirements and documentation for employment authorization, as defined by US Citizen & Immigration Services (USCIS) must be met prior to employment.

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

I hereby attest that statements, documentation and information provided on this application and within the recruitment and preemployment processes are true. I understand that this information is subject to verification and my signature authorizes such verification. Furthermore, I understand that misrepresentation or omission of facts may be cause for refusal of employment or termination if offered a position.

□ Check if enclosing your resume

APPLICANT SIGNATURE______

DATE_____