

APPLICATION FOR EMPLOYMENT

Human Resources, Diversity & Inclusion, Haggerty 601, 1 Hawk Dr., New Paltz, NY 12561-2443 www.newpaltz.edu/hr 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 positior	וי:	Title		
I have, have not, passed the b	oy Civil Service Examinati	on (if required).	Title of Exam	Score	
I am available for employment on _	Date				
I am interested in:	mployment	e Employment 🛛 Full-ti	ime Employment		
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 CDL? □ Yes □ No CDL Clas					
Have you ever been employed by the State University of New York or another State agency?					
If yes, please indicate agency and c	ates 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 601) 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)

Peak 70 Dept/Division	Employer		Dates	
Dept/Division			From Io	
Supervisor Telephone No Employer Address				
Employer Address				
City State Zip Reason for leaving Duties May we contact this employer?				
Duties May we contact this employer?				
Employer Dates				
Position Title				
Position Title	Employer	 	Dates	
Dept/Division	Position Title	 		
Supervisor Telephone No Employer Address				
Employer Address				
City				
Duties May we contact this employer? Yes Employer Dates Position Title Telephone No Dept/Division Telephone No Supervisor Telephone No City State Duties May we contact this employer? May we contact this employer?				
□ Yes □ No Employer Dates Position Title				
Position Title				
Position Title	Fmplover		Dates	
Dept/Division				
Supervisor Telephone No Employer Address City StateZip Duties May we contact this employer?				
Employer Address				
City				
Duties May we contact this employer? May we contact this employer? Yes No Employer Dates To Position Title Dates To Position Title Telephone No. Employer Address				
May we contact this employer? Yes Employer Dates Position Title Dept./Division Supervisor Telephone No. Employer Address City State Zip Reason for leaving Duties May we contact this employer?				
Employer Dates Position Title Dates Dept./Division To Supervisor Telephone No Employer Address Telephone No City StateZip Duties May we contact this employer?				
Employer Dates Position Title Dept./Division Supervisor Telephone No				
Position Title Dept./Division Supervisor Employer Address City State Zip Reason for leaving Duties May we contact this employer?		 		
Position Title Dept./Division Supervisor Employer Address City State Zip Reason for leaving Duties May we contact this employer?	Employer		Dates	
Dept./Division	Position Title			
Supervisor				
Employer Address				
City StateZip Reason for leaving Duties May we contact this employer?				
Duties May we contact this employer?				
May we contact this employer?				
			Yes DNo	

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			
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, students, staff and visitors are treated with respect and dignity. Therefore, the college prohibits discrimination and harassment (including sexual violence and harassment) in accordance with college policy, NYS Human Rights Law, Title VII, Title IX, and the Americans with Disabilities Act. Information as required by the Clery Act may be found at http://www.newpaltz.edu/police/annual-security-and-fire-safety-reports. Inquiries regarding the application of laws, regulations and policies prohibiting discrimination may be directed to The Office of Human Resources, Diversity & Inclusion. 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. \Box Yes \Box 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_____

11/2017