



## Employment Application

**Welcome** to the State University of New York Polytechnic Institute (SUNY Poly). We appreciate your interest in our organization. We encourage you to provide all the information requested on this application. Thank you.

**We are an equal opportunity/affirmative action employer.** Personnel are chosen on the basis of ability. SUNY Poly will not discriminate in its employment practices due to an applicant's race, creed, religion, color, citizenship, national origin, sex, age, sexual orientation, predisposing genetic characteristics, gender identification, genetic information, familial status, marital status, pregnancy, status as a domestic violence victim, criminal conviction, disability, military status, disabled veteran, recently separated veteran, Armed Forces Service Medal veteran, active duty or wartime campaign badge veteran, or other characteristic as protected by law, in accordance with federal and state law.

The University's policy is in accordance with federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by the Equal Employment Opportunity Act of 1972 and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence.

Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to the Title IX Coordinator TitleIX@sunypoly.edu at SUNY Polytechnic Institute. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email OCR.NewYork@ed.gov.

**Invitation for self-identification** - individuals with disabilities and veterans who wish to benefit under the affirmative action program are invited to identify themselves. These forms are available at the location listed below. This information is strictly *voluntary* and will be kept *confidential*. Refusal to provide it will not subject the applicant or employee to any adverse treatment, and it will be used only in accordance with government regulations.

Position:		Posting Reference Number:		Campus Location:	
<b>Applicant Information</b>					
Last Name:		First Name:		Middle Initial:	
Street Address:			City:		
State:		Zip/Postal Code:		Home Telephone Number ( )	Alternate Telephone Number ( )
Salary Requirements: \$		Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Email Address:	
Are you CURRENTLY, or have you been, employed at SUNY Poly, SUNY CNSE, SUNYIT or any other public employer in the State of New York?  <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates. Retired? <input type="checkbox"/> YES <input type="checkbox"/> NO					
As a result of prior employment with a public employer in the State of New York are you receiving a pension from a retirement system? NOTE: NYS Law imposes strict limitations on those retired or intending to retire and draw a pension from a NYS public employment system.  <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates.					
Have you been employed by the Research Foundation for SUNY?  <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list location and dates.					
Will you now or in the future require sponsorship for employment visa (e.g. H1-B)? Proof of identity and either U.S. citizenship or Employment authorization are required prior to employment.  <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide dates and details.					

Are you under 18 years old?

YES  NO If yes, you are required to provide appropriate work authorization papers.

Have you ever served in any branch of the United States Armed Forces?

YES  NO If yes, type of discharge.

Do you have any relatives currently working for SUNY Polytechnic Institute or Research Foundation for SUNY? An answer of "yes" doesn't automatically bar you from employment. Each case is considered and evaluated in relation to the duties and responsibilities of position for which you are applying.

YES  NO If yes, please provide name(s) and relationship.

Applicants are not required to disclose information pertaining to sealed conviction records, youthful offender adjudications, or criminal charges that have been resolved in favor of the applicant (e.g. dismissal). **Applicants for Employment in the Cities of New York City, NY, Buffalo, NY, or Rochester, NY should not complete the question related to criminal history below. Applicants for employment in those cities will be required to complete a disclosure document of criminal history after the completion of an initial review.**

A conviction or pending criminal charges are not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying. Failure to disclose a prior conviction may result in denial of employment or subsequent termination of employment based on falsification of the employment application.

Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor)? Please be sure to include Motor Vehicle Traffic misdemeanors.

YES  NO If yes, Please provide date(s) of conviction(s)/arrest(s) and offense(s):

Do you have an arrest or criminal charges currently pending against you?

YES  NO If yes, Please provide specifics:

Do you have a valid New York State Driver's license? Certain positions may require a valid license for operation of a motor vehicle for employment-related purposes

YES  NO

Have you taken a qualifying Civil Service Examination?

YES  NO If yes, please list title of examination(s) and score(s)

Have you ever, or are you currently involved in any form of disciplinary or investigative process before any state licensing body or any accrediting body?

YES  NO If yes, provide details.

My resume with employment history  **Is**  **Isn't** attached.

If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer, on the next page of this application or on additional sheets.

My references  Are  Aren't attached.

If not attached, provide name, title, address, and telephone number of three work-related (preferably supervisory) references.

I hereby authorize investigation of all statements contained in this application and attached data as 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 termination of employment without notice. I hereby also agree to hold SUNY Poly harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with SUNY Poly. A pre-employment examination by a SUNY designated physician may be required if physical condition is a job-related qualification. For some positions, a pre-employment physical examination is required by law.

I also agree, if employed, to abide by all policies and procedures of SUNY Poly. SUNY Poly is a drug-free workplace.

Applicant's Signature

Date

Please return this application to: Assistant Director of Recruitment and Employee Relations  
SUNY Polytechnic Institute  
257 Fuller Rd.  
Albany, NY 12203  
[SUNYPolyHR@sunypoly.com](mailto:SUNYPolyHR@sunypoly.com)

### Education

High School: (Name and Location)

Course:

Graduate:

Yes  No

Business or Trade Schools: (Name and Location)

Course:

Graduate:

Yes  No

Special Skills or Training:

Licenses Held:

College: (Name and Location)

Degree:

Major:

Graduate:

Yes  No

Graduate School: (Name and Location)

Degree Earned

Major:

### Employment

List your employment record starting with your present or last employer first. Show all employment and periods of unemployment if more than one month. Include military service. Use additional sheets if necessary.

Date From:      Month/Year      Employer's Name      Department, Division, or Section

To:      Month/Year      Address      Supervisor      Telephone Number

Title:

Briefly describe the duties of your position:

Reason for leaving:

May we contact this employer?  Yes  No

Date From:      Month/Year      Employer's Name      Department, Division, or Section

To:                    Month/Year                    Address                    Supervisor                    Telephone Number

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Title:

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Briefly describe the duties of your position:

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Reason for leaving:

May we contact this employer?    Yes    No

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Date From:                    Month/Year                    Employer's Name                    Department, Division, or Section

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To:                    Month/Year                    Address                    Supervisor                    Telephone Number

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Briefly describe the duties of your position:

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May we contact this employer?    Yes    No

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