



APPLICATION FOR EMPLOYMENT

**P.O. BOX 3050
UTICA, NY 13504-3050**

Please type or print answers to all questions in ink.

LAST:	FIRST:	MI	HOME TELEPHONE NUMBER
STREET ADDRESS			BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE	NUMBER TO LEAVE MESSAGE
I am interested in being considered for the following position(s): Title(s)		I <input type="checkbox"/> have <input type="checkbox"/> have not qualified by Civil Service Examination. Title on Examination (if known) Score on Examination (if known)	
		I am available for employment on (date) I am interested in <input type="checkbox"/> part-time employment <input type="checkbox"/> full-time employment	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		CONSISTENT WITH THE POLICY OF THE STATE OF NEW YORK, THE SUNY INSTITUTE OF TECHNOLOGY POLICY IS TO TAKE AFFIRMATIVE ACTION TO PROVIDE EQUAL OPPORTUNITY TO ALL QUALIFIED APPLICANTS, STUDENTS, AND EMPLOYEES WITHOUT REGARD TO RACE, SEX, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, VETERAN'S STATUS OR MARITAL STATUS.	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, are you authorized by U.S. Immigration to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your Visa type?			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid New York State Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN FULLY IN "REMARKS."			
1. Are any members of your immediate family presently employed by SUNY Institute of Technology?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been dismissed from any government employment for any reasons other than lack of funds or work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted of a criminal offense or are there criminal charges pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(A criminal conviction is not an automatic bar to employment. Each case will be considered on its merits. If you are not hired, you are entitled to a reason in writing upon request.)			
If yes, explain. _____			
REMARKS:			
OFFICE SKILLS: Type _____ WPM Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No Spreadsheets <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have read the essential duties and job requirements for the position for which I am applying, and I am able to perform all of these requirements <input type="checkbox"/> without accommodation <input type="checkbox"/> with accommodation If accommodation is necessary, describe:			

EDUCATION	NAME AND ADDRESS	DATES OF ATTENDANCE	GRADUATED	DEGREE OR DIPLOMA	MAJOR SUBJECT
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE/UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE/UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No		
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		
BUSINESS OR TRADE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT: List all employment beginning with your most recent. Please explain any gaps in employment. Use additional sheets if necessary.

DATES: FROM	TO	POSITION TITLE	DEPT./DIVISION		
EMPLOYER'S NAME		DUTIES:	SUPERVISOR		TELEPHONE
ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		FINAL SALARY \$
CITY, STATE, ZIP			REASON FOR LEAVING		
DATES: FROM	TO	POSITION TITLE	DEPT./DIVISION		
EMPLOYER'S NAME		DUTIES:	SUPERVISOR		TELEPHONE
ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		FINAL SALARY \$
CITY, STATE, ZIP			REASON FOR LEAVING		
DATES: FROM	TO	POSITION TITLE	DEPT./DIVISION		
EMPLOYER'S NAME		DUTIES:	SUPERVISOR		TELEPHONE
ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		FINAL SALARY \$
CITY, STATE, ZIP			REASON FOR LEAVING		
DATES: FROM	TO	POSITION TITLE	DEPT./DIVISION		
EMPLOYER'S NAME		DUTIES:	SUPERVISOR		TELEPHONE
ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		FINAL SALARY \$
CITY, STATE, ZIP			REASON FOR LEAVING		

I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I hereby authorize the investigation of all information contained in this application. I understand that misrepresentation or omission of facts called for may prevent my employment or be cause for termination if hired. Further, I understand that any offer of employment is contingent upon my ability to perform, with reasonable accommodation.

THE SUNY INSTITUTE OF TECHNOLOGY IS A DRUG-FREE WORKPLACE, AND PROHIBITS THE USE OF ILLEGAL DRUGS AND THE USE OF ALCOHOL IN THE WORKPLACE.

APPLICANT'S SIGNATURE _____ DATE _____ CHECK IF ENCLOSING YOUR RESUME