Type or Print Answers To All Questions

SECTION 1

Last Name | First | Initial

Street Address | City | State | Zip Code

Home Telephone Number | Business Telephone Number

E-mail Address

Human Resources Office
510 Maytum Hall Tel.: 673-3434
www.fredonia.edu/humanresources/
E-mail: human.resources@fredonia.edu

APPLICATION FOR APPOINTMENT

Are you a citizen of the United States? ❑ Yes ❑ No

If no, are you legally eligible for employment in the U.S.? ❑ Yes ❑ No

Do you have a valid State driver's license? ❑ Yes ❑ No

State issued from and # . . . . . .

Did you serve in the Armed Forces? ❑ Yes ❑ No

If Yes, was your discharge other than honorable? ❑ Yes ❑ No

Dates: . . . . . .

1. Except for minor traffic violations, were you ever **convicted** of any violations of criminal law? . . . . . ❑ Yes ❑ No
   If yes, please explain . . . . . .
2. Were you ever dismissed from any employment for reasons other than lack of funds or work? . . . . . ❑ Yes ❑ No
   If yes, please explain . . . . . .
3. Did you ever or are you presently working for the State University of New York? . . . . . ❑ Yes ❑ No
   If yes, when and where? . . . . . .
4. Did you ever or are you presently working for New York State? . . . . . ❑ Yes ❑ No
   If yes, when and where? . . . . . .

If "yes" to any of the above questions, please attach additional paperwork and provide explanation.

SECTION 2

EDUCATION:

Name of School	Address	Dates Attended (MM/YY - MM/YY)	Major Subject	Diploma/Degree Received
High School				
College or University				
Other Schools, Training				

SKILLS:

List administrative, clerical, laboratory, technical or computer skills, licenses, and any office or heavy machinery you can operate, which relate to the position(s) for which you are applying: _____

SECTION 3

I am interested in being considered for the following position(s):

. . . . . .

. . . . . .

I am available for employment on (date). . . . . .

Shift: ❑ 1st (days) ❑ 2nd (evenings) ❑ 3rd (nights)

Are you interested in part-time employment? ❑ Yes ❑ No.

I ❑ Have ❑ Have not qualified by NYS Civil Service Examination, if required for position.

Title of Examination . . . . . .

Score of Examination . . . . . .

SECTION 4

EMPLOYMENT EXPERIENCE:

(List most recent employment first, attach additional paperwork or resume.)

Name and Address of Employer	Dates of Employment From	To	Base Salary	Title(s) and Duties
. . . . .	MM/YY	MM/YY	$ _____ Per _____	. . . . .

Reasons for Leaving:

Name of Supervisor: Telephone Number:

Name and Address of Employer	Dates of Employment From	To	Base Salary	Title(s) and Duties
. . . . .	MM/YY	MM/YY	$ _____ Per _____	. . . . .

Reasons for Leaving:

Name of Supervisor: Telephone Number:

Name and Address of Employer	Dates of Employment From	To	Base Salary	Title(s) and Duties
. . . . .	MM/YY	MM/YY	$ _____ Per _____	. . . . .

Reasons for Leaving:

Name of Supervisor: Telephone Number:

PERSONAL AND PROFESSIONAL REFERENCES:

Name and Occupation	Address	Phone Number

SECTION 5

PRE-EMPLOYMENT STATEMENT:

I voluntarily give the State University of New York the right to make a thorough investigation of my employment history, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. I authorize SUNY Fredonia to conduct a background investigation which includes: employment history verification, identification and educational credential(s) confirmation, criminal conviction verification and sexual offender registry status. I consent to taking any pre-employment physical examinations and such future physical examinations as may be required by the university. **I further understand that any false answers made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be grounds for immediate termination.**

SUNY Fredonia is an equal opportunity employer. It is the university's policy to employ applicants without regard to race, color, sex, age, disability, national origin, religion, sexual orientation or veterans status.

APPLICANT'S SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____* DATE OF BIRTH: _____*

* required for pre-employment screen.