



EMPLOYMENT APPLICATION

The State University of New York does not discriminate on the basis of race, sex, religion, national origin, age, disability, veteran's status, sexual orientation, or marital status in admissions, employment, treatment of students and employees.

Specific position for which you are applying: _____

GENERAL INFORMATION

1. Name Last: First: Middle:
2. Home Address Street: City: State: Zip Code
3. Telephone: Extension: 4. E-mail address:

5. Are you a U.S. Citizen? Yes No

If you are not, are you authorized by the U.S. Immigration Service to work? Yes No

What is your visa type?

6. Have you ever been convicted of a criminal offense or are there criminal charges pending? Yes 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, please explain: _____

7. When would you be available for the position? _____

8. U.S. Military Service: Branch: Highest Rank:

Dates (Member Reserve, National Guard, etc.) _____

EDUCATIONAL BACKGROUND

9. Colleges attended:

Table with 4 columns: INSTITUTION/ADDRESS, DATES OF ATTENDANCE, DID YOU GRADUATE?, DEGREE EARNED and/or MAJOR. Contains 4 rows for data entry.

OCCUPATIONAL HISTORY

10. (A) Faculty Positions – List below all educational positions you have held, in reverse chronological order, beginning with your present or most recent position. Please indicate if part-time. (Use additional sheets if necessary.)

| | | | | | |
|------------------------------|---------------------------|------|---------------------------------------|-----------------------|---------------------|
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |

(B) Other Positions – List below all non-educational positions you have held, in reverse chronological order. (Use additional sheets if necessary.)

| | | | | | |
|------------------------------|---------------------------|------|---------------------------------------|-----------------------|---------------------|
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |
| FROM: | Month | Year | Employer's Name | Department/Division | |
| | | | | | |
| TO: | Month | Year | Employer's Address (City, State, Zip) | Supervisor's Name | |
| | | | | | |
| Phone Number | Current Base Compensation | | Bonus/Commissions (If applicable) | Hours worked per week | Reason for Leaving: |
| () - | \$ | | \$ | | |
| Brief Description of Duties: | | | | | |

11. AFFILIATIONS – Select up to four of the most pertinent to this application.

SCHOLASTIC PROFESSIONAL ORGANIZATIONS:

OFFICES HELD AND COMMITTEES CHAIRED:

12. RECOGNITIONS AND HONORS

ACADEMIC:

OTHER:

13. PUBLICATIONS – List books, articles, research contributions, exhibits, performances and other scholarly work.

14. SPECIAL INTERESTS (Avocation and/or hobby)

15. TRAVEL (When? Where? How long?)

16. Minimum salary for which I am willing to explore the possibilities of this position on a

ten-month academic year: \$ _____

twelve-month: \$ _____

17. My placement service records are on file as indicated below and permission is granted to request information.

Name of Institution: _____

Office: _____

Street Address: _____

City, State, Zip: _____

18. The following names are submitted as references and may be canvassed as to my qualifications. (Submit at least three.) If you are applying for a faculty position, at least one reference should be regarding latest teaching position.

| NAME | TITLE | ADDRESS/PHONE |
|------|-------|---------------|
| | | |
| | | |

19. Unless the following box is checked, SUNYIT has permission to discuss my candidacy with the above references.

20. I have requested the colleges listed under Item 10 to forward transcripts to:

| NAME | ADDRESS |
|------|---------|
| | |

21. I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide any relevant information that may be needed to arrive at an employment decision.

I agree, if employed, to abide by all rules, policies and regulations of SUNYIT. I certify that the information that I have provided is complete and accurate.

May we contact your current employer at this time? Yes No

If not, when may we contact your employer? _____

Applicant's Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO: Associate Vice President for Human Resources
SUNY Institute of Technology
P.O. Box 3050
Utica, NY 13504-3050

If you need a disability-related accommodation, please call the Office of Human Resources at 315-792-7191