

SUNY Canton

Application for Classified Service Employment

Applicant Personal Data					
Name of applicant (last, first, middle)			Social Security (last 4 digits)		
Mailing address (number and street)					
City		State		Zip Code	
Highest Education Level					
Eligible to work in US			Area code and telephone		Additional Telephone
Vacancy or type of position applied for:					
Education					
Name/Location of School	From (month/year)	To (month/year)	Fields of Study	Number of Semester Hours Completed	Diploma (GED) or type of Degree
Specialized Training or Classes Relevant to the Job					
Title of Specialized Courses	Company/School		Dates Attended	Credits Earned	
Criminal Record					
Have you ever been convicted of a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information regarding the conviction (offense, date, Sentence) on a separate, attached sheet.				Notice: A "yes" response will not necessarily eliminate you from consideration for employment	
Professional Certification					
Are you currently certified, registered, or licensed in any profession? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying). <input type="checkbox"/> Yes <input type="checkbox"/> No		License or Registration Number	Date of issue (month, day, year)	Expiration Date	

Working Experience

Working Experience			
Title of present or previous job:	From (month, day, year)	To (month, day, year)	Approximate number of hours worked per week:
Name of Employer/Organization and address (number and street, city, state, zip code)			Telephone number
Name of Supervisor		Number and job types of the employees you supervised (if any)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving			Final Salary \$ Per
Title of present or previous job:	From (month, day, year)	To (month, day, year)	Approximate number of hours worked per week:
Name of Employer/Organization and address (number and street, city, state, zip code)			Telephone number
Name of Supervisor		Number and job types of the employees you supervised (if any)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving			Final Salary \$ Per
Title of present or previous job:	From (month, day, year)	To (month, day, year)	Approximate number of hours worked per week:
Name of Employer/Organization and address (number and street, city, state, zip code)			Telephone number
Name of Supervisor		Number and job types of the employees you supervised (if any)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving			Final Salary \$ Per
Have you ever been discharged by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?			

References (Please do not list relatives as references)		
Name of Reference		Area Code and telephone number
Address (number and street, city, state, zip code)		
Name of Reference		Area Code and telephone number
Address (number and street, city, state, zip code)		
Name of Reference		Area Code and telephone number
Address (number and street, city, state, zip code)		
Military Status		
<input type="checkbox"/> Active	Branch	
<input type="checkbox"/> Discharge	Rank	
<input type="checkbox"/> Reserve	Entry Date	Exit Date
Certificate of Applicant and Authorization of Reference and/or Employment Verification		
I certify that all statements are true. Falsification may result in termination or no longer being considered for employment. I authorize reference checks and release of my previous employment records.		
Signature of Applicant		Date Signed

Application may be returned to:

HUMAN RESOURCES
 STATE UNIVERSITY OF NEW YORK
 COLLEGE OF TECHNOLOGY
 34 CORNELL DRIVE
 CANTON, NEW YORK 13617
 Phone: (315) 386-7325