

SUNY Canton

Application for Classified Service Employment

Applicant Personal Data					
Name of applicant (last, first, middle)			Social Security		
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			
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			
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			
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**

NON-DISCRIMINATION NOTICE

Pursuant to the State University of New York policy, SUNY Canton is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs, and activities, without regard to an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. Employees, students, applicants, or other members of the campus community (including, but not limited to, vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law or treated adversely or retaliated against based upon a protected characteristic.

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 laws, regulations, and policies prohibiting discrimination may be directed to Co-Affirmative Action Officers, William Jones at (315) 386-7063/jonesw@canton.edu or Lashawanda Ingram at (315)386-7128/ingraml@canton.edu. Inquiries regarding the application of Title IX may be directed to the Title IX Coordinator, Amanda Deckert, at (315) 386-7688/wood121@canton.edu. 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.

Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov.