

# SUNY Canton

## Application for Professional Service Employment

APPLICANT PERSONAL DATA					
Name of applicant (last, first, middle)			Social Security Number (last 4 digits)		
Mailing address (number and street)					
City		State		Zip Code	
Home/Cell Phone			Office Phone		
VACANCY OR TYPE OF POSITION APPLIED FOR					
EDUCATION & TRAINING					
HIGH SCHOOL – Name & Location				Graduation Date	
COLLEGES & UNIVERSITIES – Include hours of degree work in progress and anticipated date of completion [* U= Undergraduate, G=Graduate]					
Institution	Major Areas of Specialization	Hours in Major	* U/G	Dates	Degree Earned
OTHER TRAINING					
PROFESSIONAL LICENSES – P.E., C.P.A, C.L.U., C.P.C.U., etc.					
EMPLOYMENT HISTORY (In reverse chronological order. Attach summary of work experience if not included in accompanying resume)					
Name, Address and Phone No of Employer		Dates of Employment Nature of Position	Final Annual Salary Rate	Reason for Leaving	
HAVE YOU EVER BEEN DISMISSED, SUSPENDED OR FORCED TO RESIGN FROM ANY POSITION? <i>If yes give details</i>					
IF SELECTED A FINALIST, MAY WE REQUEST REFERENCES FROM YOUR PRESENT EMPLOYER?  PREVIOUS EMPLOYERS?					

<b>PROFESSIONAL ACTIVITIES, ACCOMPLISHMENTS, &amp; HONORS</b>			
<b>SPECIAL INTERESTS (Identify and indicate the nature of your participation)</b>			
CURRENT ACTIVITIES			
PREVIOUS ACTIVITIES			
<b>GENERAL INFORMATION</b>			
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type of visa and status in US			
MILITARY SERVICE (U.S.): <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disable Veteran (%    ) Type of Discharge			
Branch	Highest Rank	Dates	Duties
<p><b>PHYSICAL OR MENTAL LIMITATIONS:</b> This college as part of SUNY is a government contractor subject to section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you have such a handicap and would like to be considered under the affirmative action program, please tell us. This information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. However, in order to assure proper placement of all employees, we do request that you answer the following question.</p> <p>Please state whether you have or have had a mental or physical disability, which would create a hazard to you or to others of which might require accommodation in the job for which you are applying. If there are any positions or types of positions for which you should not be considered or job duties you cannot perform because of physical or mental handicap, please describe.</p>			
<b>CONVICTIONS</b>			
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
<b>AMOUNT OF TIME LOST FROM WORK DURING THE PAST TWO YEARS DUE TO ILLNESS:</b>			
<b>PLEASE EXPLAIN YOUR CURRENT INTEREST IN SEEKING A CHANGE OF EMPLOYMENT:</b>			
<b>SOURCE OF JOB INFORMATION OR REFERRAL</b>		<b>WHEN COULD YOU BEGIN WORK?</b>	
<b>REFERENCES</b> (List three individuals most familiar with your professional competence. Include your most recent or present employer)			
Name of Reference	Business Address	Phone	
<b>OTHER INFORMATION</b> (Attach an additional page if necessary)			
<b>DECLARATION</b>			
I hereby affirm that all statements made on this application are true and complete to the best of my belief. It is understood that any false or misleading statement on this application constitutes sufficient grounds for dismissal if hired.			
Signature of Applicant		Date Signed	

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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