

SUNY Canton

Application for Professional Service Employment

APPLICANT PERSONAL DATA					
Name of applicant (last, first, middle)					
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		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?					

PROFESSIONAL ACTIVITIES, ACCOMPLISHMENTS, & HONORS			
SPECIAL INTERESTS (Identify and indicate the nature of your participation)			
CURRENT ACTIVITIES			
PREVIOUS ACTIVITIES			
GENERAL INFORMATION			
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>PHYSICAL OR MENTAL LIMITATIONS: 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>			
CONVICTIONS			
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	
AMOUNT OF TIME LOST FROM WORK DURING THE PAST TWO YEARS DUE TO ILLNESS:			
PLEASE EXPLAIN YOUR CURRENT INTEREST IN SEEKING A CHANGE OF EMPLOYMENT:			
SOURCE OF JOB INFORMATION OR REFERRAL		WHEN COULD YOU BEGIN WORK?	
REFERENCES (List three individuals most familiar with your professional competence. Include your most recent or present employer)			
Name of Reference	Business Address	Phone	
OTHER INFORMATION (Attach an additional page if necessary)			

DECLARATION

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

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