

State University of New York • 34 Cornell Dr. • Canton, NY 13617-1096 • www.canton.edu

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## APPLICATION FOR EMPLOYMENT

## **Affirmative Action Policy Statement**

The College Association does not discriminate on the basis of race/ethnicity, color, sex, sexual orientation,

religion, national origin, age, disability, marital or other eligible veteran, in admission, employr					d veterar
(Please Print)	Date of Application				
Position(s) Applied For					
Name:					
Last	First		Midd	le	
Address Number Street Name/PO Box	C	ity	State	Zip Code	
Telephone	e-mail	address			
Are you legally eligible for employment (If offered employment, you will be requigibility)				☐ Yes on to verify	□ No
Have you ever been employed here before	ore?			□ Yes	□ No
Are you currently employed?				□ Yes	□ No
Are you under 18 years of age?				□ Yes	□ No
On what date would you be available to	begin 6	employment_			
Are you available to work	ıll Time	□ Part Time	☐ Tempora	ry?	
Do you hold a valid driver's license?				□ Yes	□ No
May we contact your present employer?			□ Yes	□ No	
How did you hear about this opening?					

## ☐ Check if enclosing resume **Education and Training** Diploma Level Name and Address of School Dates of Attendance or Degree Received And Year High School College/University Graduate School Other School List other relevant education, training and/or skills\_\_\_\_\_ **Employment History** List last job(s) held beginning with your most recent employment first. Fill out completely. Dates Employed Employer Title/Position Address Supervisor Reason for Leaving Title/Position Employer Dates Employed To From Address Supervisor Reason for Leaving Employer Dates Employed Title/Position To From Address Supervisor

Reason for Leaving

## **References:**

Professional References: Provide 2 references. (Past employers, supervisors, co-workers, etc.)	Personal References: Provide 2 references.
Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone
College Association is an equal opportunity affirmativersity.	
papers) have been examined by me and to the best hereby authorize the investigation of all information misrepresentation or omission of facts called for ma after employment. False statements made herein a Section 210.45 of the Penal Law of the State of Ne- pursue legal redress for false statements pursuant to	n contained in this application. I understand that ay be grounds for not employing me, or termination me

This application for employment is good for 3 months only. Consideration for employment after 3 months requires a new application.

Applicant's Signature\_\_\_\_\_\_Date\_\_\_\_\_