

POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview. **If you are required to possess a driver license for the position you are applying for, please complete the following questions:**

a. Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? Yes ☐ No ☐

b. If yes, please select your license class: A ☐ B ☐ C ☐ D ☐ E ☐ Other (specify) _____

Licensing State: _____ License Number: _____ Expiration Date: _____

c. For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. **If you are required to possess such credentials for the position you are applying for, please complete the following questions:**

a. Name of Trade or Professional License/Certificate: _____

Type/Specialty: _____ Issued By: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

Registration Date: _____ Registration Expiration Date: _____

b. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes ☐ No ☐ N/A ☐

c. Has your license/certification/registration ever been suspended or revoked? If yes to 3b or 3c, please specify in detail: Yes ☐ No ☐ N/A ☐

d. **For Teacher Certification:** Is your Certification Initial, Provisional, Permanent, or Professional?
Please specify:

Name: _____

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by SUNY Canton. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: _____ Relationship to you: _____

☐ Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with SUNY Canton, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes ☐ No ☐

Please note that if you intend to maintain other employment while employed by SUNY Canton, approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired _____

7. Geographic work location(s) desired _____

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

Hours	Ability to Work	Schedule	Ability to Work	Duration	Ability to Work
Shift Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Saturday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sunday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Part-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Summer Only	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Per diem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Winter Only	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. If offered a position with SUNY Canton, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by: _____			Number: _____
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

Name: _____

EMPLOYMENT & EXPERIENCE

Please list all periods of employment*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. SUNY Canton reserves the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: _____

Address: _____

Date Employed: ____ / ____ / ____

Supervisor's Name _____

To: ____ / ____ / ____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them?

Name of Present or Last Employer: _____

Address: _____

Date Employed: ____ / ____ / ____

Supervisor's Name _____

To: ____ / ____ / ____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them?

Name of Present or Last Employer: _____

Address: _____

Date Employed: ____ / ____ / ____

Supervisor's Name _____

To: ____ / ____ / ____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them?

*Additional Sheets Attached? Yes ☐ No ☐

Name: _____

PROFESSIONAL REFERENCES

Name:

Relationship:

Address:

Telephone Number:

Email Address:

Name:

Relationship:

Address:

Telephone Number:

Email Address:

Name:

Relationship:

Address:

Telephone Number:

Email Address:

ADDITIONAL REMARKS

Additional Sheets Attached? Yes ☐ No ☐

APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or SUNY Canton any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____

Name:

SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two-year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, **and**
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

APPLICANT INSTRUCTIONS:

Application may be returned to:

Human Resources
SUNY Canton
34 Cornell Drive
Canton, NY 13617
Phone: 315-386-7325
Email: hr@canton.edu

APPLICABLE TERMS & CONDITIONS OF EMPLOYMENT:

Prior to a final offer of employment, the selected candidate will be required to submit to a background check including, but not limited to, employment verification, educational and other credential verification, and criminal background check.

PAY EQUITY NOTICE

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.

Name: