



# APPLICATION FOR EMPLOYMENT

Return application to:  
Office of Human Resources, SUNY Oswego, Culkin Hall, Oswego, NY 13126

Last Name	First	MI	Home Phone Number		
Street Address			Business Phone Number		
City	State	Zip Code	Number to Leave a Message		
I am interested in being considered for the following position/title:  _____	<input type="checkbox"/> have <input type="checkbox"/> have not qualified by Civil Service Examination		I am available for employment on (date) _____		
	Title of Examination (if known) _____ Score on Examination (if known) _____		I am interested in <input type="checkbox"/> part-time employment <input type="checkbox"/> full-time employment		
Have you ever been employed at SUNY Oswego or any other New York State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you over 70 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you authorized by the U.S. Immigration Service to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid NYS Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your visa type _____				
<b>If "Yes" to any of these questions, please explain fully in "Remarks"</b> Are any members of your immediate family presently employed by SUNY Oswego? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been dismissed from any government employment for any reasons other than lack of funds or work? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a criminal offense or are there criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No (A criminal conviction is not an automatic bar to employment. Each case will be considered on its merits.)			<b>Remarks:</b> _____ _____ _____		
<b>EDUCATIONAL HISTORY</b>					
High School/Graduate Equivalency Diploma:	Name	City	State	Zip Code	Did you Graduate?
College/University/Professional Trade Schools					
1	Institution Name	Degree Earned	Attended from	Attended to	Did you Graduate?
	Address		City	State	Zip Code
2	Institution Name	Degree Earned	Attended from	Attended to	Did you Graduate?
	Address		City	State	Zip Code
3	Institution Name	Degree Earned	Attended from	Attended to	Did you Graduate?
	Address		City	State	Zip Code
<b>PROFESSIONAL LICENSES</b>					
<i>If the position for which you are applying requires a license, including New York State Driver's License, certification or other authorization to practice a trade or profession, complete the following section:</i>					
1	Type/Class	License Number	Expiration Date	Issuing Authority	State
2	Type/Class	License Number	Expiration Date	Issuing Authority	State

Applicant Name: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all prior work experience starting with the current or most recent employer for the past seven (7) years. Applicants may include volunteer and military service. This section must be completed.

From (mo/yr)	Employer (current/most recent)	Dept./Division	Job Title (current/most recent)
To (mo/yr)	Employer's Address (city/state/zip)		Supervisor's Name
Phone Number	Annual Salary \$	Bonus/Commission (if applicable) \$	Hours
Brief Description of Duties _____			
Reason for Leaving _____			

From (mo/yr)	Employer	Dept./Division	Job Title
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Brief Description of Duties _____			
Reason for Leaving _____			

I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no misrepresentation and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents, if any) to provide any relevant information that may be needed to arrive at an employment decision.

I agree, if employed, to abide by all rules, policies and regulations of SUNY Oswego. I certify that the information that I have provided is complete and accurate.

May we contact your current employer at this time?  Yes  No If not, when may we contact your employer? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SUNY Oswego is an affirmative action employer and does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status or disability in employment. SUNY Oswego is a drug free workplace and prohibits the use of illegal drugs and the use of alcohol in the workplace.