

Classified Staff Employment Application

Position you are applying for _____ Date of Application _____

Where did you hear about this position? _____

Type of position you are looking for (check all you are willing to accept): Permanent Temporary Full-time Part-time

Name _____ E-mail Address _____
 Address _____ City, State, Zip _____
 Primary phone Number _____ Other phone _____
 Have you ever worked for Cobleskill or SUNY? No Yes If Yes, give particulars: _____
 List any other names you may have gone to school or worked under: _____

Do you have a valid driver's license? No Yes, class _____ Do you have a high school diploma or GED? Yes No

College degree? No Yes...If yes, state what type of degree _____, where obtained _____, and when _____

Are you a US citizen or otherwise legally eligible to work in the US? Yes No Are you 18 years of age or older? Yes No

List any certifications, licenses, other education or specialized training you have received: _____

Check and describe all skills that you possess:
Keyboarding...Approximate speed _____ Dictation Word Processing Microsoft Office
Maintenance and skilled trades Skills...List: _____
Machine Skills...List: _____
Other _____

Civil Service Examinations you have taken:

Type of Exam	Date of Exam	Your score on exam	Date of appointment (if any)

Job Data (List from most current)

Current/Last Employer _____ Dates of Service _____
 Job Title and/or Summary of duties _____

Employer _____ Dates of Service _____
 Job Title and/or Summary of duties _____

Employer _____ Dates of Service _____
 Job Title and/or Summary of duties _____

Individuals with disabilities requiring accommodation during the hiring process should notify the Human Resources Office at (518) 255-5514 by the filing deadline.

Para la traducción de, o ayuda con, cualquier material de esta solicitud, pongasé en contacto con el departamento de Recursos Humanos al (518) 255-5514

References and Pre-employment Certification for Classified Staff Application

Name _____ Date of Application _____

References

(List name and contact info for at least three individuals who can speak to your professional work-related behaviors)

1: Current or latest supervisor: _____

2: Former supervisor: _____

3: _____

4: _____

5: _____

Comments (include here any employer you do NOT wish us to contact and why): _____

Incomplete applications may disqualify you from consideration for employment

PLEASE CAREFULLY READ AND SIGN BELOW

Certification of Qualifications

I certify that everything I have listed in this application is a true, accurate, and complete representation of my qualifications for the position for which I have applied. I understand that any falsification, misrepresentation, or material omission in my application materials (including this certification) or making other false or fraudulent representations in securing employment may be grounds for disqualification of my candidacy or may be grounds for termination if discovered after the date of hire.

Acknowledgement of Responsibility to Obtain/Maintain Eligibility to Work in the United States

I understand SUNY Cobleskill employs only individuals who are lawfully eligible to work in the United States and that employment eligibility will be verified upon employment. If I do not currently have permanent eligibility to work in the U.S., I understand that it is my responsibility to obtain and/or maintain eligibility to work and that loss of eligibility to work at any future date will invalidate my employment relationship and result in concurrent separation from employment without recourse or appeal.

Certification or Disclosure Pertaining to Criminal Convictions

I understand that in selected circumstances, convictions for a misdemeanor, gross misdemeanor, or felony related to the duties and responsibilities of a given position may influence consideration for employment. I certify that unless I have listed below a statement about the dates, charges, and circumstances of any such convictions, I have not been convicted of a misdemeanor, gross misdemeanor, or felony in any jurisdiction inside or outside the U.S. _____

Acknowledgment of SUNY Cobleskill Application Process

Cobleskill considers only those applications submitted for a specific posted position. I understand that if I applied for a job not currently posted, my application materials may be discarded after 30 days.

Authorization to Verify Application Materials

My signature below authorizes SUNY Cobleskill to verify all of my application materials including contacting listed references as well as validating educational and employment records, with the understanding that facsimiles or photocopies of this authorization shall be deemed as valid as the original. If submitted electronically, I acknowledge and agree that by typing my name on the signature line, I am authorizing and validating the statements above to the same degree as my original signature.

Signature of Applicant: _____

Printed Name of Applicant: _____ Date: _____

SUNY Cobleskill is an Affirmative Action/Equal Opportunity educational institution. It is guided by the principle that equal opportunity means more than equal employment opportunity, and that access to facilities and services shall be available to all people regardless of their race, color, religion, sex, national origin, age, veteran status, disability, marital status, or sexual orientation.



Equal Employment Opportunity Data Collection Sheet
Completion of this form is optional and will in no way affect your application.

To help us comply with federal/state equal employment opportunity reporting requirements, we ask that applicants complete the following questions. This pre-employment form is not part of the application for employment and is maintained in a confidential file separate from the application. Data is used for statistical purposes and to measure effectiveness of recruitment efforts.

Title of Job Applied for: _____ **Date of Application:** _____

Name _____ Social Security # _____

Please complete as indicated:

GENDER: Male Female

AGE: **Date of Birth:** _____

RACE:

- White** (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.
- Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, India, Japan, Korea, the Philippine Islands, Samoa and Hawaii.
- American Indian or Alaskan Native** – All persons having origins in any of the original indigenous peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

No Yes I consider myself to be an individual with a disability.

Please check any and all categories that apply to you.

SPECIAL DISABLED VETERAN

- 1. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Department of Veteran Affairs for a disability).
 - a. Rated at 30 percent or more; or
 - b. Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap; or
- 2. A person who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA

- 1. A person who served more than 180 days of active military, naval, or air service, any part of which was during the period of August 5, 1964 through May 7, 1975; and
- 2. Was discharged or released with other than a dishonorable discharge, or
- 3. Was discharged or released from active duty because of a service-connected disability.

VETERAN, OTHER