



## Employment Application

**Welcome** to The Research Foundation for the State University of New York, a private nonprofit educational corporation. We appreciate your interest in our organization. We encourage you to provide all the information requested on this application. Thank you.

**We are an equal opportunity/affirmative action employer.** Personnel are chosen on the basis of ability without regard to race, color, religion, sex, age, national origin, disability, marital status, veteran status, or sexual orientation, in accordance with federal and state law.

**Invitation for self-identification** - individuals with disabilities and veterans who wish to benefit under the affirmative action program are invited to identify themselves. These forms are available at the location listed below. This information is strictly *voluntary* and will be kept *confidential*. Refusal to provide it will not subject the applicant or employee to any adverse treatment, and it will be used only in accordance with government regulations.

**Please return completed application to:**

Position applied for: \_\_\_\_\_ Department/office: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Email address: \_\_\_\_\_

Do you have the legal right to accept employment in the United States?  Yes  No

Are you under 18?  Yes  No

Proof of identity and either U.S. citizenship or employment authorization are required prior to employment.

Have you ever been employed by The Research Foundation for the State University of New York?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have a family member(s), relative(s), significant other, or member of your household working for the Research Foundation for SUNY?

Yes  No. If yes, please provide his/her name(s) and department(s) in which he/she works: \_\_\_\_\_

Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body?  Yes  No If yes, please provide dates and details of circumstances: \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor)? Please be sure to include Motor Vehicle Traffic misdemeanors.  Yes  No If yes, please give specifics: \_\_\_\_\_

A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.

**My resume with employment history  is  is not attached.**

If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer, on the reverse side of this application or on additional sheets. The name, address, and telephone number of three references must be provided.

I hereby authorize investigation of all statements contained in this application and attached data as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form may be cause for termination of employment without notice. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the Research Foundation.

A pre-employment examination by a Research Foundation designated physician may be required if physical condition is a job-related qualification. For some positions, a pre-employment physical examination is required by law.

I also agree, if employed, to abide by all policies and procedures of the Research Foundation.

I understand that if hired by The Research Foundation, my employment is terminable at will, with or without cause, based on the employment needs of The Research Foundation as it may determine in its sole discretion.

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

\_\_\_\_\_  
Date

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**Education**

High School: (Name and Location)

Course:

Graduate:

 Yes  No

Business or Trade Schools: (Name and Location)

Course:

Graduate:

 Yes  No

Special Skills or Training:

Licenses Held:

College: (Name and Location)

Degree:

Major:

Graduate:

 Yes  No

Graduate School: (Name and Location)

Degree Earned

Major:

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**Employment**

List your employment record starting with your present or last employer first. Show all employment and periods of unemployment if more than one month. Include military service. Use additional sheets if necessary.

Date From:      Month/Year      Employer's Name      Department, Division, or Section

To:      Month/Year      Address      Supervisor      Telephone Number

Title:      Starting Salary      Last Salary

Briefly describe the duties of your position:

Reason for leaving:      May we contact this employer?  Yes  No

Date From:      Month/Year      Employer's Name      Department, Division, or Section

To:      Month/Year      Address      Supervisor      Telephone Number

Title:      Starting Salary      Last Salary

Briefly describe the duties of your position:

Reason for leaving:      May we contact this employer?  Yes  No

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**References**

Give name, address, and telephone number of three work-related references.

 Attached Not Attached