

## APPLICATION FOR EMPLOYMENT

(Print answers to all questions in ink)

LAST NAME	First Name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Disclose
ADDRESS Number and Street			
City, Town, or Village		State	Zip Code
TELEPHONE (Area Code) NUMBER ( )	Do you have a legal right to reside and accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOCIAL SECURITY NUMBER
LICENSES Name of Trade or Profession			License Number
Issuing City or State	Do you have a valid license to operate a motor vehicle in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No.
Are you related by blood or marriage to any State University Construction Fund employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not to my knowledge		How were you referred to the State University Construction Fund?	
If yes, nature of relationship:			
CIVIL COURT RECORD Do you have any employment related litigation pending to which you are a party? If yes, explain (nature of litigation, State, court, litigation identified for court purposes, year and month initiated, etc.):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 20 years, were you a party to any employment related litigation? If yes, explain nature of litigation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment by the State of New York.</i>			
<b>THE INFORMATION BELOW IS CONSIDERED CONFIDENTIAL AND FOR PERSONNEL OFFICE USE ONLY</b>			
Date of Birth (Month) (Day) (Year) / /	Can you perform the functions of the position for which you are applying in a safe manner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Under New York State law, each such case is considered individually by comparing the condition, disease, or disability with the demands of the position(s) for which you are applying.</i>			
Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever resign from any employment rather than face dismissal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any crime (felony or misdemeanor)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now under charges for any crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to the questions above, explain under "Remarks" on the reverse side. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.</i>			

EDUCATION Name of School and Location	Attended From		Attended To		Number of Years Credited	Did You Graduate	Major Subject	College Credits	Degree Received
	Mo.	Year	Mo.	Year					
High School									
College, University or Technical School									
Other Schools or Special Courses									
If you have a New York State High School Equivalency Diploma, give number and year issued:						Number		Year Issued	

**REMARKS** (Attach additional sheets of paper if more space is needed):

<b>MILITARY SERVICE</b>	Dates Served:	Residence:	Type of Discharge
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	From:                      To:	<input type="checkbox"/> On Entry <input type="checkbox"/> On Discharge	

Have you ever applied for or taken an examination given by the New York State Department of Civil Service?  Yes  No

Title of Examination	Date of Examination	Did you pass?	Were you appointed?

**EMPLOYMENT EXPERIENCE** (List most recent employment first):

Name of Employer	Dates of Employment		Reason for Leaving
Title	Supervisor	Telephone	Duties
Name of Employer	Dates of Employment		Reason for Leaving
Title	Supervisor	Telephone	Duties
Name of Employer	Dates of Employment		Reason for Leaving
Title	Supervisor	Telephone	Duties

May we contact your current employer?  Yes  No

*AFFIRMATION: I affirm that all statements made by me on this form (including any attached papers) are true and correct to the best of my knowledge.*

Signature:	Date:	Indicate any other surname (Last Name) by which you are or have been known. PLEASE PRINT
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## APPLICATION FOR EMPLOYMENT

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### REPRESENTATIONS, CERTIFICATIONS AND AUTHORIZATIONS

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations with respect to any information called for in this Application for Employment, whenever discovered, shall constitute grounds for discipline, up to and including immediate termination.

I hereby represent to the State University Construction Fund that I have the legal right to be employed in the United States and if I am offered a position with the State University Construction Fund, I can furnish, within 72 hours, proof of employment authorization and proof of my identity, as required by the Immigration Reform and Control Act of 1986.

I understand and agree that as part of this Application for Employment, I will be requested to sign the necessary authorizations to grant the State University Construction Fund permission to conduct a review of my background. These authorizations may include, but are not limited to, authorizations to investigate my past and present employment, character, education and training, professional licenses and certifications, criminal offense convictions, social security number and credit history.

I understand and agree that as part of the State University Construction Fund's Application for Employment process, I may be required to demonstrate that I have the capacity to perform the essential functions and demands of the particular job I am seeking, and that my reasonably satisfactory performance in such tests may be a condition of my employment.

I represent that I have no condition or any reasons to believe that I would constitute or present a "direct threat" to the health and safety of myself or others, if employed by the State University Construction Fund in the position I seek. "Direct threat" is defined as a significant risk of substantial harm to the health and safety of myself, other employees or third parties.

I understand that I must meet the position requirements established by the State University Construction Fund to qualify for consideration for the position(s) I am applying for.

I authorize the persons, schools, current employer(s) (if applicable), and previous employers and organizations named in the Application for Employment (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required by the State University Construction Fund to arrive at an employment decision.

I understand that this Application for Employment becomes the property of the State University Construction Fund and will not be returned.

I, (print name) \_\_\_\_\_ do hereby acknowledge that I have read and understand the above representations and certifications, that I believe them to be true and accurate, I agree to be bound by them and I make them knowing that the State University Construction Fund may rely on them in its consideration of this Application for Employment. I also agree to provide all authorizations requested by the State University Construction Fund in connection with reviewing my background, including but not limited to, those set forth in paragraphs 3 and 7.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WE THANK YOU FOR SUBMITTING AN APPLICATION FOR EMPLOYMENT TO THE STATE UNIVERSITY CONSTRUCTION FUND. ALL OFFERS WILL BE CONTINGENT UPON A BACKGROUND CHECK.**

**NEW YORK STATE HUMAN RIGHTS LAW prohibits discrimination because of age, race, creed, color, national origin, sex, genetic predisposition or carrier status, disability, marital status, sexual orientation or arrest record unless based upon a bonafide occupational qualification or exception.**

**THE STATE UNIVERSITY CONSTRUCTION FUND IS AN EQUAL OPPORTUNITY EMPLOYER**