



## APPLICATION FOR EMPLOYMENT

Suffolk County Community College is an equal employment/affirmative action employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital or familial status, age, national origin, citizenship, disability, domestic violence victim or military status, or any other classification protected by applicable Federal, State or Municipal Law.

PLEASE PRINT CLEARLY-DO NOT COMPLETE SHADED AREAS

PERSONAL	Social Security #	Last Name		First Name		Middle Initial or Name
	Street Address		City	State	Zip Code	Telephone # (Area Code) ( )
	Alternate Phone/Cell # (Area Code) ( )		Email Address			
	Emergency Contact		Address			Telephone (Area Code) ( )
	ARE YOU AUTHORIZED TO WORK LEGALLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE: AUTHORIZATION IS DETERMINED BY U.S. CITIZENSHIP, LAWFUL PERMANENT RESIDENCE STATUS, OR EMPLOYMENT AUTHORIZATION FROM THE IMMIGRATION AND NATURALIZATION SERVICE. EVIDENCE OF YOUR AUTHORIZATION TO WORK IN THE U.S WILL BE REQUIRED IF A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.					ARE YOU UNDER 18 YEARS OF AGE <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, STATE AGE
	POSITION DESIRED	SALARY EXPECTED	DATE AVAILABLE	HOW WERE YOU REFERRED?		TYPE POSITION <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> REG <input type="checkbox"/> TEMP
IS ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME NECESSARY TO ENABLE A CHECK OF YOUR WORK OR SCHOOL RECORDS? IF YES, STATE NAME:						
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes						

APPLICANT DETAILS	WERE YOU PREVIOUSLY EMPLOYED AT SUFFOLK COUNTY COMMUNITY COLLEGE? <input type="checkbox"/> NO <input type="checkbox"/> YES		WOULD YOU WORK ANY ASSIGNED SHIFT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, SPECIFY: _____		
	DATE(S)	DEPT.			
	Have you ever been convicted of a crime (felony or misdemeanor)with the exception of traffic infractions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all convictions				
	below: DATE _____ CITY/STATE _____ CONVICTION _____ DATE _____ CITY/STATE _____ CONVICTION _____				
	Additional information (attach separate sheet if necessary) _____ _____				
	Pending Charges? <input type="checkbox"/> NO <input type="checkbox"/> YES *A Criminal Record is not an automatic bar to employment.				
Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain _____					
U.S. MILITARY SERVICE: <input type="checkbox"/> NO <input type="checkbox"/> YES DATES OF SERVICE FROM MO ___YR___ TO MO ___YR___					
U.S. MILITARY BRANCH OF SERVICE	TYPE OF DUTY & SPECIAL TRAINING		RANK Initial Final		
			VETERAN TYPE <input type="checkbox"/> VIETNAM <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER-CAMPAIGN RIBBON		
Did you ever receive a discharge from the Armed Forces of the United States which was dishonorable? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Please list any relationships with current or former employees or Trustees of the College:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The New York State Retirement and Social Security Law requires retirees of a public pension plan within the State or City of New York to disclose prior public employment and pension plan history for the purpose of establishing a retiree's eligibility for employment.**

E D U C A T I O N	School Name/Address	FT/PT or Corresp.	From M/Y	To M/Y	Graduate YES/NO	Diploma YES/NO	Degree Type	Courses Maj/Minor
	H.S./Highest Grade Attended							
	City State Zip							
	College or University							
	City State Zip							
	Graduate School							
	City State Zip							
	Professional or Technical School							
	City State Zip							
	Special Courses							
City State Zip								

Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following:

L I C E N S E S	Name of Trade or Profession	License/Certificate Number	Granted by (agency)	City/State
	Specialty	Date First Issued	Registered From:	To:
	Name of Trade or Profession	License/Certificate Number	Granted by (agency)	City/State
	Specialty	Date First Issued	Registered From:	To:

Driver's License: Blacken the circle of the Class of your New York State Motor Vehicle License if driving is a requirement for the position for which you are applying:

1  2  3  4  5  6  A  B  C  D  E  M

Please list last three employers, most recent first:

EMPLOYMENT HISTORY	LENGTH OF EMPLOYMENT MO/YR      MO/YR FROM: / TO: /	FIRM NAME	ADDRESS	CITY/STATE
	EARNINGS (Circle One) \$                      WK/MO/YR	TYPE OF BUSINESS	YOUR EXACT TITLE	AVG NO. OF HRS WORKED (exclusive of overtime)
	SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE NO.	EMPLOYMENT WILL BE VERIFIED
	DUTIES _____ _____ _____ _____ _____			
	LENGTH OF EMPLOYMENT MO/YR      MO/YR FROM: / TO: /	FIRM NAME	ADDRESS	CITY/STATE
	EARNINGS (Circle One) \$                      WK/MO/YR	TYPE OF BUSINESS	YOUR EXACT TITLE	AVG NO. OF HRS WORKED (exclusive of overtime)
	SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE NO.	EMPLOYMENT WILL BE VERIFIED
	DUTIES _____ _____ _____ _____ _____			
	LENGTH OF EMPLOYMENT MO/YR      MO/YR FROM: / TO: /	FIRM NAME	ADDRESS	CITY/STATE
	EARNINGS (Circle One) \$                      WK/MO/YR	TYPE OF BUSINESS	YOUR EXACT TITLE	AVG NO. OF HRS WORKED (exclusive of overtime)
	SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE NO.	EMPLOYMENT WILL BE VERIFIED
	DUTIES _____ _____ _____ _____ _____			

**APPLICANT'S CERTIFICATION**

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I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application, including background checks to an extent deemed appropriate by the College, and agree that any misleading or false statements would be sufficient cause for immediate dismissal in the event of employment. I understand that my employment may be contingent upon satisfactory completion of a physical and psychological examination, the receipt of satisfactory work and/or education references. In consideration of compliance with this request, I hereby release and discharge said individuals/organizations from any claims, liabilities or damages. I agree, if employed to provide acceptable proof of age and work authorization and to abide by Suffolk County Community College rules and regulations. If employed, I authorize Suffolk County Community College to conduct any and all verifications as permitted by federal, state, and municipal codes and regulations.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_