



APPLICATION FOR EMPLOYMENT

You Must Circle Campus/Campuses Desired
Ammerman – Selden Grant – Brentwood East - Riverhead

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 RESIDENT 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							

APPLICANTS	WERE YOU PREVIOUSLY EMPLOYED AT SUFFOLK COUNTY COMMUNITY COLLEGE? <input type="checkbox"/> NO			WOULD YOU WORK ANY ASSIGNED SHIFT? <input type="checkbox"/> NO		
	DATE(S) DEPT. <input type="checkbox"/> YES			IF NO, SPECIFY: <input type="checkbox"/> YES		
	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 CAMPAIGN <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER-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: _____

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:

O 1 O 2 O 3 O 4 O 5 O 6 O A O B O C O D O E O 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 _____ _____ _____ _____			

NON-DISCRIMINATION NOTICE:

Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, equal pay compensation-sex, national origin, military or veteran status, domestic violence victim status, criminal conviction or disability in its admissions, programs and activities, or employment. This applies to all employees, students, applicants or other members of the College community (including, but not limited to, vendors and visitors). Grievance procedures are available to interested persons by contacting either of the Civil Rights Compliance Officers/Coordinators listed below and are located at www.sunysuffolk.edu/nondiscrimination. Retaliation against a person who files a complaint, serves as a witness, or assists or participates in the investigation of a complaint in any manner is strictly prohibited.

Contact the following individuals if you have questions or would like to report an incident of discrimination:

Civil Rights Compliance Officers

Christina Vargas

Chief Diversity Officer/Title IX Coordinator
Ammerman Campus, NFL Bldg., Suite 230
533 College Road, Selden, New York 11784
vargasc@sunysuffolk.edu (631) 451-4950

or

Dionne Walker-Belgrave

Affirmative Action Officer/Deputy Title IX Coordinator
Ammerman Campus, NFL Bldg., Suite 230
533 College Road, Selden, New York 11784
walkerd@sunysuffolk.edu (631) 451-4051

Inquiries or complaints concerning discrimination in employment practices may also be directed to:

NYS Division of Human Rights
New York State Office Building
250 Veterans Memorial Highway
Suite 2B-49
Hauppauge, NY 11788
Telephone: (631) 952-6434
TDD: (718) 741-8300
Email: InfoLongIsland@dhr.ny.gov
<https://dhr.ny.gov/how-file-complaint>

U.S. Equal Employment Opportunity Commission (EEOC)
New York District Office
33 Whitehall Street, 5th Floor
New York, NY 10004
Telephone: (800) 669-4000
Fax: (212) 336-3790
TTY: (800) 669-6820
ASL Video Phone: (844) 234-5122
www.eeoc.gov/field/newyork/charge.cfm

APPLICANT'S CERTIFICATION

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: _____

S
I
G
N
A
T
U
R
E