**STUDENT EMPLOYMENT APPLICATION**



Office of Human Resource Services • McMurray Hall, Room 209

Tel: 718-409-7303 • Fax: 718-409-7354

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| **Instructions:** Use this Student Employment Application for all students at SUNY Maritime College. |

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| **STUDENT NAME:**(Last Name, First Name, Middle) | **DATE OF BIRTH:**(Month/Day/Year)**\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | **GENDER:** MALE FEMALE  |
| **ARE YOU A FULL-TIME STUDENT?** (12 credits or more)YES NO | **ACADEMIC EMAIL:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@sunymaritime.edu** |
| **HOME ADDRESS:** | **CAMPUS ADDRESS:** |

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| **PREVIOUS WORK EXPERIENCE**: Please list ALL your current and former employment, starting with the most recent. |
| **EMPLOYER’S NAME:** |
| **EMPLOYER’S ADDRESS:** |
| **SUPERVISOR:** | **CONTACT PHONE#:**  |
| **DATES OF EMPLOYMENT:**FROM: TO: | **DUTIES PERFORMED:** |
| **REASON FOR LEAVING:** |

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| **EMPLOYER’S NAME:** |
| **EMPLOYER’S ADDRESS:** |
| **SUPERVISOR:** | **CONTACT PHONE#:** |
| **DATES OF EMPLOYMENT:**FROM: TO: | **DUTIES PERFORMED:** |
| **REASON FOR LEAVING:** |

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| **PLEASE INDICATE HOURS OR AVAILABILITY** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| A.M. |  |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |  |

***Please provide a copy of your current semester class schedule.***

**NOTE: STUDENTS MUST READ AND AGREE TO THE FOLLOWING, THEN SIGN AND DATE BELOW.**

* If employed as a student employee and have more than one commitment, you **MUST** notify your supervisors of which hours you are available to work for each department.
* **I understand I MUST be enrolled in and registered full-time in a SUNY Maritime College degree program.**
* **I understand I MUST be in good academic standing (GPA 2.5 or above) and regimental/civilian standing (less than 50 demerits) to be employed by the College.**
* **I understand that I may not work in excess of 20 TOTAL hours per week (40 TOTAL hours on a bi-weekly basis) for ALL STUDENT EMPLOYMENT while I am attending classes during the Fall & Spring semesters.**
* **I agree, if employed, to abide by all rules, policies and regulations of SUNY Maritime College. I certify that the information that I have provided is complete and accurate.**

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OFFICE USE ONLY** |
|    **Accept**I, Dean of Students or Designee**,** have verified that this student is in good academic (GPA 2.5 or above) and regimental/civilian standing (less than 50 demerits) and is in a matriculated full-time status during the current semester and is **eligible** for employment on campus. **Decline**I, Dean of Students or Designee, have verified that this student is **NOT** in good academic (below GPA 2.5) and regimental/civilian standing (more than 50 demerits) during the current semester and is **NOT** eligible for employment on campus.**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

SUNY Maritime College is a Drug Free Workplace.

*SUNY Maritime College is an affirmative action, equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status or disability in employment.*