

Name: _____

Position: _____

Employment Application SUNY Maritime College



Employment Application

SUNY MARITIME COLLEGE

Instructions: Use this Employment Application for all State positions at SUNY Maritime College.

| | | | | |
|---|--|----------------------------------|---------------------------------------|------------------------|
| Position | | Department | | |
| Applicant Information | | | | |
| Last Name | | First Name, Middle Initial | | Social Security Number |
| Street Address | | | City | |
| State | Zip/Postal Code | Home Telephone Number () () | Alternate Telephone Number () () | |
| Salary Requirements \$ | Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem | | E-mail Address | |
| Are you CURRENTLY employed at SUNY Maritime College or any other New York State Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates. | | | | |
| Have you ever been employed by SUNY Maritime College or any other New York State Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates. Retired? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Have you ever been employed by The Research Foundation of SUNY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, location and dates. | | | | |
| Are you a US Citizen or national of the United States or a lawful Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, state your Non-Immigrant Status. | | | | |
| Are you under 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you are required to provide appropriate work authorization papers. | | | | |
| Have you ever served in any branch of the United States Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, type of discharge. | | | | |
| For the purposes of reviewing your application, identify if you have any relatives employed in the department for which you are applying. <input type="checkbox"/> None | | | | |
| | | | | |
| Professional References | | | | |
| Please provide the name, title, address and telephone numbers of three professional references we may contact: | | | | |
| Name, Title | Address (City, State, Zip Code) | Telephone | Years Known | |
| | | | | |
| | | | | |
| | | | | |
| Acknowledgment & Authorization | | | | |
| <p>I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide any relevant information that may be needed to arrive at an employment decision.</p> <p>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.</p> <p>May we contact your current employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when may we contact your employer?</p> | | | | |
| Applicant's Signature | | Date | | |
| | | | | |

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, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

If you need a disability-related accommodation, please call The Office of Human Resource Services at (718)409-7303.

Please continue to the next page 

Applicant Name:

Employment History

List all prior work experience starting with the current or most recent employer for the past seven (7) years. Applicants may include volunteer and military service in the space provided below. This section must be completed. For additional space use Employment History Addendum.

| | | | | | |
|------------------------------|-------|-------------------|---------------------------------------|-----------------------|--------------------------------|
| FROM: | Month | Year | Current/Most Recent Employer's Name | Department/Division | Current /Most Recent Job Title |
| TO: | Month | Year | Employer's Address (City, State, Zip) | | |
| Phone Number () | | Supervisor's Name | | Hours worked per week | Reason for Leaving: |
| Brief Description of Duties: | | | | | |

| | | | | | |
|------------------------------|-------|-------------------|---------------------------------------|-----------------------|---------------------|
| FROM: | Month | Year | Employer's Name | Department/Division | Job Title |
| TO: | Month | Year | Employer's Address (City, State, Zip) | | |
| Phone Number () | | Supervisor's Name | | Hours worked per week | Reason for Leaving: |
| Brief Description of Duties: | | | | | |

| | | | | | |
|------------------------------|-------|-------------------|---------------------------------------|-----------------------|---------------------|
| FROM: | Month | Year | Employer's Name | Department/Division | Job Title |
| TO: | Month | Year | Employer's Address (City, State, Zip) | | |
| Phone Number () | | Supervisor's Name | | Hours worked per week | Reason for Leaving: |
| Brief Description of Duties: | | | | | |

| | | | | | |
|------------------------------|-------|-------------------|---------------------------------------|-----------------------|---------------------|
| FROM: | Month | Year | Employer's Name | Department/Division | Job Title |
| TO: | Month | Year | Employer's Address (City, State, Zip) | | |
| Phone Number () | | Supervisor's Name | | Hours worked per week | Reason for Leaving: |
| Brief Description of Duties: | | | | | |

Educational History/Professional Licenses

High School/Graduate Equivalency Diploma

| | | | | |
|------|------|-------|----------|-------------------|
| Name | City | State | Zip Code | Did you Graduate? |
|------|------|-------|----------|-------------------|

College/University/Professional & Trade Schools

| | | | | | | |
|-----------|------------------|---------------|---------------|-------------|-------------------|-------------------|
| 1. | Institution Name | Degree Earned | Attended From | Attended To | Did you Graduate? | Number of Credits |
| Address | | City | | State | Zip Code | |
| 2. | Institution Name | Degree Earned | Attended From | Attended To | Did you Graduate? | Number of Credits |
| Address | | City | | State | Zip Code | |
| 3. | Institution Name | Degree Earned | Attended From | Attended To | Did you Graduate? | Number of Credits |
| Address | | City | | State | Zip Code | |

If the position for which you are applying requires a license, including New York State Driver's License, certification or other authorization to practice a trade or profession, complete the following section:

| | | | | |
|-------------------|-----------------------|------------------------|--------------------------|--------------|
| Type/Class | License Number | Expiration Date | Issuing Authority | State |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please continue to the next page 



Voluntary Affirmative Action Information Survey

Dear Applicant,

Thank you for your application for employment with SUNY Maritime College.

As a federal contractor, the college is required to request and maintain data on applicants for employment to ensure our compliance with Equal Opportunity laws and regulations. It is our responsibility to reach out and make employment opportunities at SUNY Maritime College widely known. The information requested is voluntary and failure to provide it will not affect your application for employment.

INSTRUCTIONS: Please complete the form and forward to the Human Resources Office at the address below.

1. **Mail: Human Resource Services**
6 Pennyfield Avenue
Throggs Neck, NY 10465
2. **Apply online for a job and complete this form electronically.**

| | |
|---|---|
| Position Applied for | Department |
| Ethnicity | |
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other, Specify: |
| Veteran with 30% Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Month and Year of Birth: _____ | |
| From what source did you learn of this position? If so please indicate below <input type="checkbox"/> Campus Posting <input type="checkbox"/> Human Resource Services website <input type="checkbox"/> E-Subscription Service <input type="checkbox"/> Job Board <input type="checkbox"/> Personal Contact <input type="checkbox"/> Advertisement (see adjacent box) <input type="checkbox"/> Other University Web Site* | |
| *Please indicate source: | *Please indicate source: |
| | |