



Employment in Buffalo, Rochester, Westchester, Suffolk County, and New York City.

Employment Application

Welcome to The Research Foundation for The State University of New York, a private nonprofit educational corporation. We appreciate your interest in our organization. Please provide all the information requested on this application unless otherwise instructed.

As an Equal Opportunity / Affirmative Action Employer, The Research Foundation for SUNY will not discriminate in its employment practices due to an applicant's race, color, creed, religion, sex, pregnancy-related conditions, reproductive health decisions, childbirth or related medical conditions, sexual orientation, gender identity or expression, transgender status, age, national origin or ancestry, marital status, familial status, citizenship, physical and mental disability, prior arrest or conviction record, genetic characteristics/genetic information, predisposition or carrier status, domestic violence victim status, military status or service, veteran status, or any other characteristics protected under federal, state or local law.

Please note: Proof of identity and authorization to work in the United States are required prior to employment.

Position applied for: _____ Department/office: _____

Name: _____
(Last) (First) (Middle Initial) Telephone Number: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Email address: _____

Do you have the legal right to work in the United States? Yes No

Are you under 18? Yes No

Have you ever been employed by The Research Foundation for The State University of New York? Yes No

If yes, please explain: _____

Do you have a family member(s), relative(s), significant other, or member of your household working for the State University of New York or the Research Foundation for SUNY? Yes No. *If yes, please provide their name(s), relationship to you, employer and department(s) in which they work:*

Do you have a family member(s), relative(s), significant other, or member of your household who is a member of the RF Board of Directors or the SUNY Board of Trustees? Yes No. *If yes, please provide their name(s), relationship to you, and Board in which they are a member:*

Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body? Yes No. *If yes, please provide dates and details of circumstances:*

Are you currently debarred, suspended or otherwise ineligible to work on any federally funded or state funded program? Yes No

My resume/curriculum vitae with employment history Is Is not attached

If your resume/curriculum vitae is not attached, you must provide your education and employment history, beginning with your present or last employer, on the reverse side of this application or on additional sheets. The name, address, and telephone number of three references must be provided.

I hereby authorize investigation of all statements contained in this application and attached resume, curriculum vitae, or other data/documentation as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form or during the application, interviewing, or screening process may result in a decision not to hire me or, if I have been hired, to end my employment without notice. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any information obtained during the application hiring process.

I understand that I will be required to complete a Disclosure of Criminal History prior to a final offer of employment.

A pre-employment examination by a Research Foundation designated physician may be required if physical condition is a job-related qualification. For some positions, a pre-employment physical examination is required by law.

Applicant's Signature

Date

Education

High School: (Name and Location)

Course:

Graduate:

 Yes No

Business or Trade Schools: (Name and Location)

Course:

Graduate:

 Yes No

Special Skills or Training:

Licenses Held:

College: (Name and Location)

Degree:

Major:

Graduate:

 Yes No

Graduate School: (Name and Location)

Graduate:

 Yes No

Degree:

Major:

Employment

List your employment record starting with your present or last employer first. Show all employment and periods of unemployment if more than one month. Include military service. Use additional sheets if necessary.

Employer One

Date From: Month/Year Employer's Name Department, Division, or Section

To: Month/Year Address Supervisor Telephone Number

Title:

Briefly describe the duties of your position:

Reason for leaving: May we contact this employer? Yes No*Employer Two*

Date From: Month/Year Employer's Name Department, Division, or Section

To: Month/Year Address Supervisor Telephone Number

Title:

Briefly describe the duties of your position:

Reason for leaving: May we contact this employer? Yes No

References

Give name, address, and telephone number of three work-related references.

 Attached Not Attached