



- APPLICATION FOR EMPLOYMENT -

Morrisville State College is an equal opportunity / affirmative action employer. Personnel are chosen on the basis of ability without regard to race, color, religion, sex, age, national origin, disability, or marital status in accordance with federal and state law. Veterans are assured of non-discriminatory treatment.

(Please print in ink or type.)

Name _____ Last First Middle Initial
Address _____ Street City State Zip
Social Security # _____ Type of Work Desired _____
Telephone (Home) _____ (Work) _____
May we contact you at your place of employment? _____ Yes _____ No
Do you have the legal right to accept employment in the United States? _____ Yes _____ No
Are you under 18? _____ Yes _____ No
Proof of identity and either U.S. citizenship or employment authorization are required prior to employment.
1. Are any of your relatives presently employed at Morrisville State College? _____ Yes _____ No
If yes, please specify: _____
2. Have you ever been convicted* of any crime (felony or misdemeanor)?
If yes, please give specifics: _____ _____ _____
*A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.
3. Do you have and licenses or special skills applicable to the type of work you are applying for?
If yes, explain: _____ _____

(over)

My resume with employment history is/is not attached. (Circle one). If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer.

<u>EDUCATION</u> Name and Address of School	Dates Attended		Did you graduate?	Major Subject	Degree Received
	From:	To:			
HIGH SCHOOL	Mo./Yr.	Mo./Yr.			
COLLEGE OR UNIVERSITY Undergraduate	Mo./Yr.	Mo./Yr.			
Graduate					
BUSINESS OR TRADE SCHOOL	Mo./Yr.	Mo./Yr.			

Employment				
List your employment record in reverse chronological order 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.				
Month	Year	Employer's Name	Title and Duties	
From:				
Month	Year	Address	Supervisor	Telephone No.
To:				
Reason for Leaving				

Month	Year	Employer's Name	Title and Duties	
From:				
Month	Year	Address	Supervisor	Telephone No.
To:				
Reason for Leaving				

May we contact your present employer? ____ Yes ____ No Former employer? _____ Yes ____ No

I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. If false, they may constitute the basis of termination of employment.

Signature

Date