



## 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. Thank you.

**As an Equal Opportunity / Affirmative Action Employer**, the RFSUNY 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 return completed application to address at bottom or:

Position Applied for: \_\_\_\_\_ Department/ Program/ or 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

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

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 Research Foundation for SUNY?  
 Yes  No If yes, please provide his/her name(s) and department(s) in which he/she works: \_\_\_\_\_

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

Applicants are **not** required to disclose information pertaining to sealed conviction records, youthful offender adjudications, or criminal charges that have been resolved in favor of the applicant (e.g., dismissal). **Applicants for employment in the Cities of Buffalo, NY, Rochester, NY and Westchester, NY must not complete the question related to criminal history below. Applicants for employment in Buffalo, Rochester and Westchester will be required to complete a disclosure document of criminal history after the completion of an initial interview.**

Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor) other than a minor traffic violation?

Yes  No If yes, please give specifics: \_\_\_\_\_

Do you have any criminal charges pending against you?  Yes  No If yes, please give specifics: \_\_\_\_\_

A prior criminal conviction or pending criminal charge 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.

**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.

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.

I also agree, if employed, to abide by all policies and procedures of the Research Foundation.

I understand that if hired by The Research Foundation, my employment is terminable at will, with or without cause, based on the employment needs of the Research Foundation as it may determine in its sole discretion. This RF policy of at-will employment may be revised, deleted, or altered only by a written employment agreement signed by the RF President or President designee.

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

*Employer Three*

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

Return to:

OR