

Employment Application

Binghamton University

Instructions: Use this Employment Application for all State positions at Binghamton University.											
Position	Posting Reference	Number		Department							
Applicant Information											
Last Name First Name, Middle Initial											
Street Address City											
State	Zip/Postal Code	/Postal Code Home Telephone Number Alternate Telephone Numb () ()			Alternate Telephone Number						
Type of Employment Desired E-mail Address E-mail Address											
Are you CURRENTLY employed at Binghamton University or any other New York State Agency? YES NO If yes, list agency and dates.											
Have you ever been employed by Binghamton University or any other New York State Agency? YES NO If yes, list agency and dates. Retired? YES NO											
Have you ever been employed by The Research Foundation of SUNY? YES NO If yes, location and dates.											
Are you a US Citizen or national of the United States or a lawful Permanent Resident? YES NO If no, state your Non-Immigrant Status.											
Are you under 18 years old? YES 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? YES 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. None											
Have you ever been convicted of a felony or misdemeanor? YES NO If yes, provide date, charge, and disposition.											
	Profes	ssional F	References								
Please provide the name, title, address and telephone	e numbers of three profes	sional refe	erences we may o	contact:							
Name, Title		Ado	Iress (City, State, Z	ip Code)	Telephone	Years Known					
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	Acknowled	dgment 8	& Authorization	n							
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. I agree, if employed, to abide by all rules, policies and regulations of Binghamton University. I certify that the information that I have provided is complete and accurate. May we contact your current employer at this time? Yes No If not, when may we contact your employer?											
Applicant's Signature		11 1101,	Date Date	oomaat your omployer:							

Binghamton University is a Drug Free Workplace

Binghamton University is an affirmative action, equal opportunity employer and does not discriminate on the basis of race, color, religion, sex (including pregnancy, gender identity or expression, and sexual orientation), national origin, age (40 or older), disability, veteran status, marital status, or genetic information.

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.												
	Month	Year	Current/Most Recent Employer			Department/Division	Current /Most Recent Job Title					
FROM:												
TO:	Month	Year	Employer's Address (City, State	tte, Zip) Reason for Leaving:								
Phone Numb	l er		Hours worked per week	Supervisor's Name								
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Brief Descrip	tion of Duties:											
	Month	Year	Employer's Name			Department/Division		Job Title				
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	Month	Year	Employer's Address (City, State	e Zin)			Reason fo	r Leaving:				
TO:			Employer o Address (only, older	5, 2 1P)			rtodoorric	ii Louving.				
Phone Numb)er		Hours worked per week	Supervisor's Name								
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FROM:	Month	Year	Employer's Name			Department/Division		Job Title				
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TO:	Month	Year	Employer's Address (City, State	e, Zip)			Reason fo	r Leaving:				
10.												
Phone Numb	er		Hours worked per week	Supervisor's Name								
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Brief Descrip	tion of Duties:											
	Month	Year	Employer's Name			Department/Division		Job Title				
FROM:			1 3/1 2 2									
	Month	Year	Employer's Address (City, State	e, Zip)			Reason fo	r Leaving:				
TO:								Ü				
Phone Numb	er		Hours worked per week	Supervisor's Name								
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Brief Descrip	tion of Duties:											
			Edu	cational History/Profes	sional I	Licenses						
High Sch	ool/Gradu	ate Equi	valency Diploma									
Name			•	City State				Zip Code	Did you Graduate?			
		Profession	onal & Trade Schools						_			
1. Instituti	on Name			Degree Earned	Attended F	From Attended To		Did you Graduate?	Number of Credits			
Addres	S			City				State	Zip Code			
2. Instituti	on Name			Degree Earned	Attended F	From Attended To		Did you Graduate?	Number of Credits			
Addres	s			City				State	Zip Code			
				<u> </u>					•			
3. Institution Name		Degree Earned Attended From Attended To		Did you Graduate? Number of Credits								
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Address		City			State Zip Code		Zip Code					
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	Type/Class		License Number	Expiration Date	•	Issuing Auth	hority		State			
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