



## EMPLOYMENT APPLICATION – CAZENOVIA COLLEGE

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital or veteran status, or any other legally protected status.*

*(Please print)*

**Instructions:** This application is four (4) pages. Please complete for all information and questions that apply. **Do not leave blanks.** For areas that do not apply, enter "N/A." Review each section on every page and when completed, read the Applicant's Statement, sign, date and submit to the Human Resources Office. Thank you for applying to Cazenovia College.

Position (s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?  Advertisement  Relative  Inquiry  Employment Agency  
 Friend  Other, please explain: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (s) \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? (*only US citizens or non-US citizens who have a legal right to work in the US are eligible for employment*)  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, please provide date of last application: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, please provide dates of employment: \_\_\_\_\_

Do any of your friends or relatives work here?  Yes  No  
If yes, please state name (s) and relation(s): \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Date available to begin work: \_\_\_\_\_ Hours available to work: \_\_\_\_\_

Would you work (*please check all that apply*):  Full-time  Part-time  Temporary  Contract

What is your desired salary range? \$ \_\_\_\_\_  
(Do Not Leave Blank)

Can you travel if the position requires it?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

## EDUCATION HISTORY

	Name and Address of School	Course of Study or Major	Circle Last Year Completed <i>(please circle)</i>	Diploma and/or Degree Earned <i>(please circle)</i>
<b>Elementary School/ Middle School</b>			4 5 6 7 8	Yes No
<b>High School</b>			9 10 11 12	Yes No
<b>Undergraduate School</b>			1 2 3 4	Yes No
<b>Graduate/Professional School</b>			1 2 3 4	Yes No
<b>Other (Specify)</b>				

Describe any specialized training, apprenticeship, job-related skills and qualifications that pertain to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held *(You may exclude membership (s) which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):*

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY – Please complete fully. Do not leave any blanks. Do not enter “See CV or Resume.”**

\_\_\_\_\_  
Last/Current Employer

\_\_\_\_\_  
Employer’s Address

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Reason for Leaving

From \_\_\_\_\_ to \_\_\_\_\_  
*Dates Employed*

Please explain the work you performed in this job. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Employer’s Address

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Reason for Leaving

From \_\_\_\_\_ to \_\_\_\_\_  
*Dates Employed*

Please explain the work you performed in this job. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Employer’s Address

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Reason for Leaving

From \_\_\_\_\_ to \_\_\_\_\_  
*Dates Employed*

Please explain the work you performed in this job. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

### Record of Conviction:

During the last ten years, have you ever been convicted of a crime, other than a minor traffic offense? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age at time, and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment within the last seven (7) years?

\_\_\_Yes\_\_\_No If yes, please explain: \_\_\_\_\_

Have you ever worked under another name? \_\_\_Yes\_\_\_No If yes, what was the other name(s): \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? \_\_\_Yes\_\_\_No If no, please explain (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question). \_\_\_\_\_

## PROFESSIONAL/BUSINESS REFERENCES – Please do not include individuals related to you.

1. \_\_\_\_\_  
First Name Last Name Address  
\_\_\_\_\_  
( ) Relationship to Applicant  
Telephone Number
2. \_\_\_\_\_  
First Name Last Name Address  
\_\_\_\_\_  
( ) Relationship to Applicant  
Telephone Number
3. \_\_\_\_\_  
First Name Last Name Address  
\_\_\_\_\_  
( ) Relationship to Applicant  
Telephone Number

## APPLICANT'S STATEMENT

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without any cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged, in writing, by an authorized executive of this College.

If hired, I agree to abide by all the company rules and regulations. I understand the College and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the College, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document authorized by the President or the Executive Vice President, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date