

Employment Application

Binghamton University

Instructions: Use this Employment Application for all State positions at Binghamton University.
Submit this application to the Search Committee Chair or department as directed in the employment advertisement.

Position		Posting Reference Number		Department	
Applicant Information					
Last Name		First Name, Middle Initial		Social Security Number	
Street Address			City		
State		Zip/Postal Code	Home Telephone Number () ()	Alternate Telephone Number () ()	
Salary Requirements \$		Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		E-mail Address	
Are you CURRENTLY employed at Binghamton University or any other New York State Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates.					
Have you ever been employed by Binghamton University or any other New York State Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates. Retired? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been employed by The Research Foundation of SUNY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, location and dates.					
Are you a US Citizen or national of the United States or a lawful Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, state your Non-Immigrant Status.					
Are you under 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> None					
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date, charge, and disposition.					
Professional References					
Please provide the name, title, address and telephone numbers of three professional references we may contact:					
Name, Title		Address (City, State, Zip Code)		Telephone	Years Known
Acknowledgment & Authorization					
<p>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.</p> <p>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.</p> <p>May we contact your current employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when may we contact your employer?</p>					
Applicant's Signature				Date	

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, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status or disability in employment.

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.

FROM:	Month	Year	Current/Most Recent Employer's Name	Department/Division	Current /Most Recent Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number ()	Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

FROM:	Month	Year	Employer's Name	Department/Division	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number ()	Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

FROM:	Month	Year	Employer's Name	Department/Division	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number ()	Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

FROM:	Month	Year	Employer's Name	Department/Division	Job Title
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Phone Number ()	Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

Educational History/Professional Licenses

High School/Graduate Equivalency Diploma

Name	City	State	Zip Code	Did you Graduate?
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College/University/Professional & Trade Schools

1.	Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address		City		State	Zip Code	
2.	Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address		City		State	Zip Code	
3.	Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address		City		State	Zip Code	

If the position for which you are applying requires a license, including New York State Driver's License, certification or other authorization to practice a trade or profession, complete the following section:

Type/Class	License Number	Expiration Date	Issuing Authority	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____