

FACULTY STUDENT ASSOCIATION

OF

Tompkins Cortland Community College, Inc.

170 North Street, PO Box 139

Dryden, New York 13053-0139

Tel (607) 844-8211

Application for Employment

The Faculty Student Association of Tompkins Cortland Community College does not discriminate on the basis of race, sex, sexual orientation, religion, national origin, age, disability, or marital status in admissions, employment, and treatment of students and employees.

INSTRUCTIONS

Please type or print the answers to all questions. Return completed forms to the Faculty Student Association Office.

Specific position for which you are applying: _____

Indicate: Full-Time _____ Part-Time _____

GENERAL INFORMATION:

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip Code

Telephone _____ Social Security Number _____
(Area Code)

E-mail address _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Yes _____ No _____ (Proof of citizenship of immigration status will be required upon employment.)

When would you be available for this position? _____

How did you learn of the position at FSA? _____

Have you ever been convicted of a criminal offense or are there criminal charges pending? Yes _____ No _____

(A criminal conviction is not an automatic bar to employment. Each case will be considered on its merits. If you are not hired, you are entitled to a reason in writing upon request.)

If yes, explain fully _____

Have you ever been dismissed, suspended, or tendered a resignation from any prior job because of alleged misconduct?

Yes _____ No _____

If yes, explain fully _____

EDUCATIONAL BACKGROUND:

Colleges attended:

INSTITUTION/ADDRESS	DID YOU GRADUATE?	DEGREE EARNED AND/OR MAJOR

OCCUPATIONAL HISTORY:

List below the positions you have held, in reverse chronological order, beginning with your present or most recent position. (Do not put "See Resume".)

EMPLOYER'S NAME & ADDRESS	NATURE OF POSITION & TITLE	DATES OF EMPLOYMENT (Month/Year)	REASON FOR SEPARATION

MILITARY

U.S. Military Service: Branch _____ Highest Rank _____

Dates _____ Member Reserve, National Guard, etc. _____

The following names are submitted as references and may be canvassed as to my qualifications. Submit two professional and one personal reference.

Name	Title	Address	Phone #
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

CONDITIONS OF EMPLOYMENT

I hereby declare that the information provided by me in this application is true and complete, and I understand that falsification of any of this information is grounds for refusal to hire or, if hired, termination. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liabilities for any damage which may result in furnishing such information to you. I authorize you to request, receive and verify all information given in this application. I agree that a photocopy of this consent may be treated as an original by any recipient thereof.

SIGNATURE: _____ DATE: _____