

**RESEARCH FOUNDATION OF
THE CITY UNIVERSITY OF NEW YORK**
230 W. 41st Street, New York, N.Y. 10036
(212) 417-8300

APPLICATION FOR EMPLOYMENT

Position You are Applying for:
Full Time Part Time: # of hours per week _____
Date Available to begin work: ____/____/____
Are you under age 18? No Yes
If Yes, attach working papers

The Research Foundation of The City University of New York is an Equal Opportunity and Affirmative Action organization. It does not discriminate on the basis of gender, age, color, religion, national origin, race, sexual orientation, alienage, citizenship, veteran status, disability, ethnic origin or marital status in its employment, personnel policies, or access to services and benefits. The personnel decisions regarding recruitment, selection, training, promotion, and compensation are made on the basis of bona fide, job related qualifications in all job categories.

PLEASE PRINT OR TYPE INFORMATION

Name:			Phone:				
_____	_____	_____	(____) _____	(____) _____	(____) _____		
Last	First	Middle	Home	Business	Mobile		
Present Address: Number		Street	City	State	Zip	Apt.#	Date moved in
_____	_____	_____	_____	_____	_____	_____	_____
Previous Address: Number		Street	City	State	Zip	Apt #	Dates: From To
_____	_____	_____	_____	_____	_____	_____	____/____/____
Have You Ever Been Employed by the Research Foundation?		No	Yes: Dates	Where	Job Title		
_____	_____	_____	_____	_____	_____		

EMPLOYMENT RECORD (List most recent position first)
[Account for all periods of unemployment.]

Instructional or professional research personnel may substitute a conventional curriculum vitae for the Employment Record and Educational Background sections of this application.

Complete this section in full

Firm's Name _____	Address _____
Dates Employed: From ____/____/____ To ____/____/____	Job Title: _____ Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Type of Organization: _____	Reason for Leaving: _____
Describe Duties/Responsibilities: _____ _____	
Immediate Supervisor _____	Title _____ Telephone No. _____
May we contact the Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Firm's Name _____	Address _____
Dates Employed: From ____/____/____ To ____/____/____	Job Title: _____ Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Type of Organization: _____	Reason for Leaving: _____
Describe Duties/Responsibilities: _____ _____	
Immediate Supervisor _____	Title _____ Telephone No. _____
May we contact the Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Firm's Name _____	Address _____
Dates Employed: From ____/____/____ To ____/____/____	Job Title: _____ Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Type of Organization: _____	Reason for Leaving: _____
Describe Duties/Responsibilities: _____ _____	
Immediate Supervisor _____	Title _____ Telephone No. _____
May we contact the Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RESUME ATTACHED: YES NO

EDUCATIONAL BACKGROUND

Type of School	School Name, City & State	Graduated?	Course or Major	Degree or #/Credits
Grammar/Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

List Honors, Extra Curricular Activities, Publications, Licenses, Patents, and other information relevant to the position:

SKILLS APPLICABLE TO THE POSITION

1. Keyboarding Speed: WPM_____

2. Computer knowledge: (check all that apply) Word Excel Access Outlook Power Point
 Other:_____

3. Foreign Languages: _____

4. Other skills applicable to the position: _____

REFERENCES (Include individuals familiar with your work ability. DO NOT include relatives)

Name and Occupation	Address	Telephone Number
1.		
2.		

OTHER

1. Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

2. Can you perform these essential functions with or without reasonable accommodation? Yes No

3. Are you legally eligible for employment in the United States? Yes No

4. Have you ever been convicted of, pled guilty to, or 'no contest' to a **Felony?** Yes* No **Misdemeanor** Yes* No
Traffic Violation (other than a minor violation) Yes* No **Denied a Bond?** Yes* No

NOTE: driving without a license, drunken, reckless, and 'hit and run' are not 'minor' violations

* If yes to any or all of the questions in section 4, you must explain in detail on a separate sheet of paper.

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No Dates of duty: From ___/___/___ To ___/___/___

Referred by: Personnel Vacancy Notice, School, Newspaper, Internet Career Service, Agency,
 Employee _____, Other_specify)_____

I certify that the information given is correct and complete to the best of my knowledge and that, unless I have specified otherwise, the Research Foundation is authorized to verify all the information contained on this application. I understand that if I falsify information, I am subject to dismissal. I agree to work any shift and/or day(s) as assigned. I understand that employment may be contingent on a background check.

Applicant's Signature: _____ SS# _____ Date: ___/___/___

FOR COMPLETION BY INTERVIEWER:

Interview date: _____ Interviewer: _____
 _____ Print _____ Sign _____

Evaluation _____

HIRED: Position Title: _____ Starting Date: _____ Starting Salary: \$ _____ per _____
 R.F. Account # _____ - _____ - _____ and Project Title _____

NOT HIRED: Reason _____

PROJECT DIRECTOR'S SIGNATURE

DATE



VOLUNTARY SELF - IDENTIFICATION

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment if hired. Identification can be declared at any time prior to, or, if applicable, after hire.

Date: _____

Name: _____

Position: _____

Gender: _____ Male _____ Female

Ethnic Group:

___ (H) Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

___ Not Hispanic or Latino

If your answer was Not Hispanic or Latino, please indicate your Race:

___ (W) White (not Hispanic or Latino): A person having origins in the original peoples of Europe, North Africa, or Middle East.

___ (B) Black or African American (not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

___ (A) Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

___ (P) Native Hawaiian /Pacific Islander (not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ (N) American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

___(T) Two or More Races (not Hispanic or Latino)

VETERAN STATUS: Check if any of the following are applicable.

___ Vietnam Era Veteran : One who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released discharged or released therefrom with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of which occurred between August 5, 1964, and May 7, 1975.

___ Special Disabled Veteran: One who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.