



Faculty Student Association Employment Application

1220 Coffeen Street
Watertown, NY 13601
fsa@sunyjefferson.edu
Tel: (315) 786-2354

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Address							Apartment #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Choose:	<input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time			
Position Applied for										
Are you a citizen of the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for FSA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?							
Do you know anyone who works for our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?							
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) YES <input type="checkbox"/> NO <input type="checkbox"/>										
Have you ever been terminated from employment or asked to resign by an employer? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Emergency Contact:				Relationship:			Phone Number:			
EDUCATION										
High School			Address							
from		to		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Subjects Studied/Major										
College			Address							
from		to		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Subjects Studied/Major										
College			Address							
from		to		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Subjects Studied/Major										

REFERENCES

Please list three references.

Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	

PREVIOUS EMPLOYMENT INCLUDE YOUR LAST 7 YEARS OF EMPLOYMENT HISTORY, INCLUDING PERIODS OF UNEMPLOYMENT, STARTING WITH THE MOST RECENT AND WORKING BACKWARDS IN TIME.

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL COMMENTS**DISCLAIMER AND SIGNATURE****Please read carefully before signing.**

The Faculty Student Association of Jefferson Community College (FSA) is an equal opportunity employer. The FSA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the FSA to hire me. If I am hired, I understand that either the FSA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of FSA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the FSA true and complete information on this application. No requested information has been concealed. I authorize the FSA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

This application will remain current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature

Date

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