



Professional Employment Application for the Position of _____

(Please complete all sections of this application. Enter "N/A" in those sections which do not apply.)

Personal Information

Name _____ Social Security Number _____ - _____ - _____
 Last First Middle
 Address _____
 Street / P.O. Box

 City State Zip

Please list telephone and fax numbers where you may be contacted.

Home Telephone () _____ Fax () _____ e-mail _____
 Office Telephone () _____ Fax () _____

Are you either a citizen of the United States or do you have the legal right to accept employment in the United States? ____ Yes ____ No

Availability: ____ Full Time ____ Part Time \longrightarrow ____ Day ____ Evening Date Available for Employment _____

Do you have an arrest or criminal accusation currently pending against you? Yes ____ No ____ If "YES," please explain fully. (If a prior arrest or criminal accusation resulted in a conviction, you may need to disclose this information in response to the next question.)

Have you ever been convicted of a criminal offense (felony, misdemeanor, or violation)? Yes ____ No ____ If "YES," please explain fully.

- Answering "YES" to the question may or may not preclude employment, depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on a prior conviction.
- Failure to disclose a prior conviction may result in denial of employment or subsequent termination of employment based on falsification of the employment application.

Note: You should answer "NO" if:

- a. Your conviction (felony, misdemeanor, or violation) was sealed by a court, **OR**
- b. The criminal action or proceeding was terminated in your favor (for example: the action was dismissed either at the initial stage or on appeal; you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed; you were acquitted), **OR**
- c. The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, **OR**
- d. After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resented to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

Questions about your status may be directed (anonymously) to the Office of Human Resources.

References

Business and/or Professional References: (Please list current supervisor in space 1. If you wish to be notified before this supervisor is contacted, check the box.)

	Name	e-mail address	Telephone Number	
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	
3.	_____	_____	_____	

Teaching Experience

Employment History: In the following section, list all teaching experience, beginning with your **present or most recent position**. Describe each position separately, emphasizing your teaching, advisement, professional, supervisory, and committee duties. Give special attention to experience relating to the position for which you are applying. Attach additional sheets if necessary. If volunteer experiences are pertinent to your application, include them here; indicate "unpaid" for salary.

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr

Employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Duties: _____

Courses Taught: _____

Reason For Leaving: _____ Final Annual Salary: _____

(in thousands)

Check all that apply: Full Time Part Time _____ % Time Permanent Temporary

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr

Employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Duties: _____

Courses Taught: _____

Reason For Leaving: _____ Final Annual Salary: _____

(in thousands)

Check all that apply: Full Time Part Time _____ % Time Permanent Temporary

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr

Employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Duties: _____

Courses Taught: _____

Reason For Leaving: _____ Final Annual Salary: _____

(in thousands)

Check all that apply: Full Time Part Time _____ % Time Permanent Temporary

Completion of this section is required.

Administrative/Professional Experience

Employment History: In the following section, list your administrative experience, **beginning with your present or most recent position**. Describe each position separately, emphasizing your professional duties. Give special attention to experience relating to the position for which you are applying. Attach additional sheets if necessary. If volunteer experiences are pertinent to your application, include them here; indicate "unpaid" for salary.

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr
Employer: _____ Immediate Supervisor: _____
Address: _____
Street City State Zip
Type of Organization: _____ How many people did you regularly supervise? _____
Duties: _____

Reason For Leaving: _____ Final Annual Salary: _____
(in thousands)
Check all that apply: Full Time Part Time % Time Permanent Temporary

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr
Employer: _____ Immediate Supervisor: _____
Address: _____
Street City State Zip
Type of Organization: _____ How many people did you regularly supervise? _____
Duties: _____

Reason For Leaving: _____ Final Annual Salary: _____
(in thousands)
Check all that apply: Full Time Part Time % Time Permanent Temporary

Position Title/Rank: _____ Start Date: _____ / _____ End Date: _____ / _____
mth yr mth yr
Employer: _____ Immediate Supervisor: _____
Address: _____
Street City State Zip
Type of Organization: _____ How many people did you regularly supervise? _____
Duties: _____

Reason For Leaving: _____ Final Annual Salary: _____
(in thousands)
Check all that apply: Full Time Part Time % Time Permanent Temporary

Completion of this section is required.

Educational Background

Highest Degree Earned: _____

_____ Doctorate Major fields of study: _____

Minor fields of study: _____

_____ Masters Major fields of study: _____

Minor fields of study: _____

_____ Bachelors Major fields of study: _____

Minor fields of study: _____

_____ Associates Major fields of study: _____

Minor fields of study: _____

Colleges and Universities Attended: *(Please list highest degree first or equivalent professional training or study.)*

Institution

Degree Conferred or No. of Years Attended

Professional, Community, or College Service *(Attach additional sheets if necessary.)* _____

Academic or Professional Honors *(Attach additional sheets if necessary.)* _____

Publications *(Attach additional sheets if necessary.)*

Description

Date Published

Published By

Jefferson Community College is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs, and activities, without regard to an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. Employees, students, applicants or other members of the College community (including but not limited to vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law, or treated adversely or retaliated against based upon a protected characteristic.

All employees, students, visitors and vendors share in the responsibility for ensuring a work and educational environment free from prohibited discrimination and harassment. Individuals responsible for or participating in, campus activities will refrain from, and are encouraged to report any inappropriate conduct that may give rise to a claim of harassment or discrimination.

The College's policy is in accordance with federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by the Equal Employment Opportunity Act of 1972, and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence.

Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to AAO Officer at (315)786-2200. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email OCR.NewYork@ecl.gov.

I certify that I meet the training and experience requirements as specified in the job advertisement and that all information contained in this application and in the supplementary material filed with it is true and accurate. I understand that any false statements will cause me to be disqualified and/or dismissed. I authorize the College to contact present or former employers, to verify any information pertaining to this application, to obtain relevant records, and conduct a formal background check and, further, I release from liability any persons or organizations furnishing such information.

Date

Signature

Please Print Your Name

Jefferson Community College is an Affirmative Action/Equal Employment Opportunity Employer

Jefferson Community College Security Report

Jefferson Community College's annual security report, updated in September of each year, is meant to aid members of the college community, as well as prospective members, to understand and take appropriate measures to promote a safe learning community at JCC. The report includes statistics for the previous three years concerning any reported crimes that occurred on campus or in public areas adjacent to the campus, as well as College policies concerning campus security.

The report is available on the College's web site (<http://www.sunyjefferson.edu>) or may be obtained from Campus Security Office.



Equal Employment Opportunity Affirmative Action Confidential Applicant Questionnaire

Jefferson Community College is an AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER. In an effort to meet its affirmative action, nondiscrimination objectives, and in order to comply with federal and state laws, regulations and guidelines, you are asked to complete this form by providing the information requested below. Please note that provision of this information is voluntary. Please print or write clearly using a pen.

Name: _____

Position Sought: _____

Gender: Male Female

Are you a veteran: Yes No

Ethnicity:

ETHNIC BACKGROUND

The following categories are used for standard reports required of the College.
Please check (X) the boxes that apply:

- White: An individual having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American: An individual having origins in any of the black racial groups of Africa.
- Asian: An individual having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.
- Native Hawaiian or Other Pacific Islander: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native: An individual having origins in any of the original peoples of North and South America (including Central America) AND who maintain tribal affiliation or community recognition.
- Hispanic: An individual who identifies as having Hispanic, Latino, or Spanish origins, regardless of race, and/or also identifies themselves as:
 - Cuban
 - Dominican
 - Mexican
 - Puerto Rican
 - Other Hispanic
 - Unknown
- Unknown: Unidentified or unknown



Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we are required per Federal Law 60-741.42 to hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. **Completing this form is voluntary**, but we hope that you will choose to fill it out. All answers will be kept private and will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear or any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral Palsy	Major Depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing limbs or	Intellectual disability (previously called mental
Epilepsy	Muscular Dystrophy	partial limbs	retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Print Name	Signature	Date
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.