



EMPLOYMENT APPLICATION

125 Route 340
Sparkill, NY 10976

GENERAL INSTRUCTIONS

Thank you for your interest in Saint Thomas Aquinas College. Please attach your resume and complete the application in its entirety so that we can fully evaluate your qualifications. **Please type or print legibly.** Attach supplementary sheets with additional information if allotted space is not sufficient. Saint Thomas Aquinas College is an equal opportunity employer. We will not discriminate on the basis of race, color, national origin, gender, age, sexual orientation, disability, marital status, genetic predisposition, carrier status, veteran status, or religious affiliation. This employment application is valid for a one-year period after submission.

Date of Application: _____ / _____ / _____

Position(s) Desired: 1) _____

2) _____

Name: _____ Social Security No. _____ - _____ - _____

Last First MI

Mailing Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date Available: _____ Are you legally eligible to work in the U.S? Yes No

[NOTE: IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT DOCUMENTATION AS REQUIRED BY THE 1986 IMMIGRATION REFORM AND CONTROL ACT]

Preferred Employment: Full -Time Part -Time

Have you been previously employed with Saint Thomas Aquinas College? Yes No

If so, when? _____ What position? _____

Do you have relatives currently employed at Saint Thomas Aquinas College? Yes No

If yes, Relationship: _____

If employed, would you be willing to travel to out-of-town meetings/seminars? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

Have you ever been convicted of a felony? Yes No [Conviction will not necessarily disqualify an applicant for employment]
If yes, please describe conditions on a separate sheet.

EDUCATION

Name of High School Attended: _____ City _____ State _____

Highest Grade Completed: 9 10 11 12

Name of College Attended: _____

Highest Year Completed: 1 2 3 4 Did you graduate? Yes No

College Degrees Earned _____

Major Field(s) of Study: _____

Name of Other School Attended: _____

Years Completed: 1 2 3 4 Did you graduate? Yes No

Degrees/ Certificates Earned _____

Major Field(s) of Study: _____

MILITARY RECORD

Have you served in U.S. Armed Forces? Yes No What Branch? _____

Date of Duty: From _____ To _____

Describe any military training /experience relevant to position for which you are applying:

SKILLS

Computer Skills

Data Entry
 Systems / Programming,
(Explain)

Networking, (Explain)

Software Applications

Microsoft Word

Microsoft Access

Microsoft Excel

PowerPoint

Other

Other Job Related Skills

List Licenses and Certificates presently or formerly held: _____

EMPLOYMENT RECORD

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

1. Name of Employer: _____ From _____ To _____

Address: _____ Phone (____) _____

Job Title: _____ Name of Supervisor _____

Ending Pay Rate: \$ _____ May we contact this employer? Yes No

Reason for Leaving: _____

Job Duties (give details): _____

2. Name of Employer: _____ From _____ To _____

Address: _____ Phone (____) _____

Job Title: _____ Name of Supervisor _____

Ending Pay Rate: \$ _____ May we contact this employer? Yes No

Reason for Leaving: _____

Job Duties (give details): _____

3. Name of Employer: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name of Supervisor _____
Ending Pay Rate: \$ _____ May we contact this employer? Yes No
Reason for Leaving: _____
Job Duties (give details): _____

4. Name of Employer: _____ From _____ To _____
Address: _____ Phone: (_____) _____
Job Title: _____ Name of Supervisor _____
Ending Pay Rate: \$ _____ May we contact this employer? Yes No
Reason for Leaving: _____
Job Duties (give details): _____

5. Name of Employer: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name of Supervisor _____
Ending Pay Rate: \$ _____ May we contact this employer? Yes No
Reason for Leaving: _____
Job Duties (give details): _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

List name, address and telephone numbers of three references preferably work-related and not listed as “supervisor” above:

<u>NAME</u>	<u>ADDRESS OR TELEPHONE NUMBER</u>	<u>WORKING RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY AND SIGN BELOW

The facts, as I have stated them in this employment application, are true and complete. I understand that if I am employed, any false statement on this application may result in immediate termination of employment. I also understand that this application is not an actual or implied contract of employment, and does not obligate the College in any way. I understand that if hired, my employment is at-will and can be terminated at any time for any reason by the College.

Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application for employment which will provide applicable information concerning character, general reputation, personal characteristics and mode of living.

I waive all provisions of law forbidding colleges and universities that I attended, or past employers, from disclosing any information that they acquired relevant to my employment. I consent that they may disclose such information to the Human Resource Division, Department of Administrative Services that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes.

I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant _____

Date _____