

Application for Employment

Auxiliary Campus Enterprises & Services State University College at Alfred, Inc. Alfred, N.Y. 14802

Applicants are considered without regard to race, creed, color, disability, sex, religion, age or national origin.

Name							
Last	First			Middle Initial			
Address							
Street	City		State	Zip			
Telephone number:	E-mail address:						
Are you currently employed? :	Date you would be available:						
Are you legally eligible for employment in th	ne United States	?					
Position Desired:	Referred By:						
	Education						
Please indicate last grade completed: \Box E			CHOOL				
Please list last school attended:Nam							
Nan	ne	City		State			
List any other skills or special training: (Cle	rical skills, Com _l	puter skills, M	lachine oper	ation, etc.):			
Em List all employment, begi	ployment Histonning with your		st employer:				
1. Name of Employer:	Telephone #:						
Address:							
Street		City	State	Zip			
Dates: From://	To:/	/	Salary: _				
Position: F	Reason for Leavi	ing:					

2. Name of Employer:	Telephone #:					
Address:						
Street			City	State	Zip	
Dates: From://	To:	/	/	Salary:		
Position:	Reason fo	or Leavir	ng:			
3. Name of Employer:		Telephone #:				
Address:						
Street			City	State	Zip	
Dates: From://	To:	/	/	Salary:		
Position:	Reason fo	or Leavir	ng:			
Employer Reas Have you served in the U.S. Armed Forces: From: / To:/ Rank at Discharge:		-	Branch:			
Have you ever been convicted of a crime?	Yes	No				
(Please explain if necessary)				<u>-</u>		
(A conviction will not necessarily disqualify					considered)	
This certifies that this application was commy knowledge. I agree and understand the discharged without recourse. I understand	at if hired, the	, and all i ere is an	nformation is introductory p	true and complete to eriod during which ti	me I may be	
Applicant's Signature				Date		