



# FACULTY EMPLOYMENT APPLICATION

Canisius College  
2001 Main Street  
Buffalo, New York 14208  
(716)888-2240

## PERSONAL INFORMATION

Name \_\_\_\_\_  
First Middle Last

Have you used any other name that Canisius College should be aware of in order to check your employment or educational history? \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address (If different from above) \_\_\_\_\_  
Street City State Zip

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business or Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you legally authorized to work in the U.S. in the position you are applying for? YES  NO

If NO, indicate immigration status: \_\_\_\_\_

## OBJECTIVE

State specific position you are applying for: \_\_\_\_\_

Are you interested in: Full Time  Adjunct  Date available: \_\_\_\_\_

Hours available: \_\_\_\_\_ Salary requirement: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please List Current or Last Employer First

1. \_\_\_\_\_

Employer Street Address City State Zip

Dates of employment: \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Position Title and Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ May we contact? YES  NO

Reason for Leaving: \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

APPLICANTS MAY REQUEST ANY REASONABLE ACCOMODATION TO ENABLE THEM TO PARTICIPATE IN THE APPLICATION PROCESS.

**EMPLOYMENT HISTORY (CONTINUED)**

2.

Employer _____	Street Address _____	City _____	State _____	Zip _____
Dates of employment: _____ To _____		Salary _____		
Position Title and Description of Duties: _____ _____				
Supervisor Name & Title: _____				
Phone Number: (____) _____		May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reason for Leaving: _____				

3.

Employer _____	Street Address _____	City _____	State _____	Zip _____
Dates of employment: _____ To _____		Salary _____		
Position Title and Description of Duties: _____ _____				
Supervisor Name & Title: _____				
Phone Number: (____) _____		May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reason for Leaving: _____				

4.

Employer _____	Street Address _____	City _____	State _____	Zip _____
Dates of employment: _____ To _____		Salary _____		
Position Title and Description of Duties: _____ _____				
Supervisor Name & Title: _____				
Phone Number: (____) _____		May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reason for Leaving: _____				

**EDUCATION**

	Name of School	Location (City & State)	Highest Level Attained or Degree	Major
High School				
College				
Graduate School				
Post Graduate School / Other				

## MILITARY SERVICE

Have you served in the United States Armed Forces? YES  NO

If YES, dates of active service: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Describe duties including special training and schools: \_\_\_\_\_

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## REFERENCES

Please list 3 references not related to you:

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

3. \_\_\_\_\_  
Name Address Phone

## SKILLS / KNOWLEDGE

Summarize special job related skills and qualifications acquired from employment or experience which you feel distinguish you from other candidates for this position. \_\_\_\_\_

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List professional licenses, certifications, permits or training (i.e. Certified Public Accountant, Professional Engineer, Certified Software Development Professional). \_\_\_\_\_

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## OTHER INFORMATION

Have you ever been employed by Canisius College? YES  NO

If YES, indicate dates of employment: \_\_\_\_\_ To \_\_\_\_\_

List any relatives employed by Canisius College: \_\_\_\_\_

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How were you referred to Canisius College? \_\_\_\_\_

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Have you been convicted of or pled guilty to a felony or a misdemeanor other than a minor traffic-related infraction? YES  NO

(Information supplied relevant to conviction record will not necessarily bar an applicant from consideration for employment. Nature of, reason for, and time elapsed since offense will be reviewed in light of the duties of the job being sought.)

If yes, state the nature of the conviction or plea, the date, and explain \_\_\_\_\_

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Are there any charges pending against you at this time? YES  NO

If yes, state the nature of the charge and explain \_\_\_\_\_

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## DISCLOSURE OF CAMPUS CRIME STATISTICS

Canisius College complies with the "Jeanne Cleary Disclosure of Campus Security Police and Campus Crime Statistics Act." This annual report contains a summary of the Canisius College Public Safety Department's policies and procedures along with crime statistics as required. Upon request, this report is available to any prospective student or employee by contacting the Office of the Vice President for College Relations and General Counsel, Canisius College, 2001 Main Street, Buffalo, New York 14208.

## NONDISCRIMINATION POLICY

Canisius College does not discriminate on the basis of age, race, religion or creed, color, sex, national or ethnic origin, sexual orientation, marital status, veteran's status, genetic predisposition or carrier status, or disability in administration of its educational policies, employment practices, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Canisius admits students of any age, race, religion or creed, color, sex, national or ethnic origin, sexual orientation, marital status, or veteran's status to all rights, privileges, programs, and activities generally accorded or made available to students at the College.

It continues to be the policy of Canisius College not to discriminate on the basis of handicap. No person is denied employment, admission, or access solely because of any physical, mental, or medical impairment which is unrelated to the ability to engage in the activities involved in the education requirements or occupation for which application has been made.

2/2003

## APPLICANT STATEMENT

I certify that all answers given are true and complete to the best of my knowledge. I understand that any information contained in this application or given by me during the screening process are subject to verification and that incorrect, incomplete or false statements or information furnished by me may subject me to immediate termination regardless of when such incorrect, incomplete or false information is discovered.

I hereby authorize former and present employees and educational institutions to release or verify any information they have regarding me or my employment with them to Canisius College or any independent agency acting on behalf of the College. I release my former and present employers and educational institution and their employees from any liability for damages resulting there from. If a conditional offer of employment is made, I understand that the College requires receipt of satisfactory reference checks.

I will be able, if hired, to certify that I am authorized to work in the United States and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identification and employment eligibility. In the event that I am employed, I agree to conform to the College's rules and regulations.

In the event I execute a written contract of employment with Canisius College, I understand and agree that the statements above will be applicable with regard to any such future contract or contracts.

Your signature below indicates full understanding and agreement with the statements above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## SELF IDENTIFICATION RECORD

As an employer with federal contracts, we are subject to government regulations, including certain Affirmative Action responsibilities.

The purpose for this Self Identification Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completing of this form is optional. These records are kept in a Confidential File and ARE NOT a part of your Employment Application.

Thank you.

\_\_\_\_\_

Date

\_\_\_\_\_

Last Name

First Name

Middle Initial

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Position Applied For

### PLEASE CHECK APPROPRIATE BOX

RACE	SEX	VETERAN	VIETNAM ERA VETERAN
<input type="checkbox"/> White-Non Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Black-Non Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Asian/Mid Eastern			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Non-Resident Alien			

\*A Vietnam Era Veteran is an individual who served more than 180 days in the armed forces of the United States between August 5, 1964 and May 7, 1975.

### AN EQUAL OPPORTUNITY EMPLOYER

**HUMAN RESOURCES USE ONLY**

JOB CODE \_\_\_\_\_ ACTION \_\_\_\_\_