## circle_print

Employment Application

SUNY Buffalo State

Human Resource Management

Cleveland Hall 403, 1300 Elmwood Avenue

Buffalo, NY 14222-1095

T: (716) 878-4822, FAX: (716) 878-3068  
http://hr.buffalostate.edu

***Please return completed application to Human Resource Management, Cleveland Hall 403.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | | | | | | | |
| Legal Name: |  | | |  | | |  | | |  | | |  | |  |
| Last | | | | First | | | M.I. | | | Salutation | | | | Date | |
| Address: |  | | | | | | |  | | | |  | | | |
|  | Street Address | | | | | | |  | | | | Apartment/Unit | | | |
|  |  | | | | | | |  | | |  | | | | |
|  | City | | | | | | | State | | | ZIP Code | | | | |
| Home Phone: | (  ) | | Work Phone: | | (  ) | Cell Phone: | | | (     ) | | | | | | |
| E-mail (required): | |  | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Are you a citizen of the United States? | | | | | | Yes | No | |
|  | | If no, are you legally eligible for employment in the United States? | | | | Yes | No | |
| 1. Have you ever been or are you currently employed at Buffalo State? | | | | | | Yes | No | |
| 1. Are you a retired NYS public employee? | | | | | | Yes | No | |
| 1. Are you contemplating retiring from a NYS public agency prior to accepting any job offer at Buffalo State? | | | | | | Yes | No | |
| 1. Do you have any felony or misdemeanor arrests that have not been fully adjudicated?\* | | | | | | Yes | No | |
|  | | If yes, please explain: |  | | | | | |
| 1. Except for minor traffic violations and adjudication as youthful offender, have you ever been convicted of a criminal offense against the law?\* | | | | | | Yes | No | |
|  | | If yes, please explain: |  | | | | | |
|  | \*A “yes” response to this question will not automatically disqualify an applicant from employment consideration. Each application will be evaluated based on the nature of the crime, when it occurred, and the duties and responsibilities of the position for which you are being considered. | | | | | | | |
|  | Do you have relatives employed at this institution? | | | | Yes | | | No |
|  | If yes, please provide name, department, and position held. | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Education | | | |
| Name of Institution: include city, state (if outside USA, please note country) | Did you graduate? |  | Type of Degree Awarded |
|  | Yes  No |  |  |
|  | Yes  No |  |  |
|  | Yes  No |  |  |
|  | Yes  No |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Skills, Licenses, Certifications | | | | | | | | | | | | | |
| List any licenses, certifications, skills (e.g., NYS driver’s license, commercial driver’s license, skilled trade apprenticeship, computer skills). | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Employment History | | | | | | | | | | | | |
| Employer: | |  | | | | | | | Phone: | | (     ) | |
| Address: | |  | | | | | | | | Supervisor: | |  |
| Job Title: | |  | | | | | | | | | | |
| Responsibilities: | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | Yes | | | | No | |
| Employer: | |  | | | | | | | Phone: | | (     ) | |
| Address: | |  | | | | | | | | Supervisor: | |  |
| Job Title: | |  | | | | | | | | | | |
| Responsibilities: | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | Yes | | | | No | |
| Employer: | |  | | | | | | | Phone: | | (     ) | |
| Address: | |  | | | | | | | | Supervisor: | |  |
| Job Title: | |  | | | | | | | | | | |
| Responsibilities: | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | Yes | | | | No | |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Certification | | | |
| I certify that the information provided herein is true and correct. I authorize investigation of all statements contained in this application. If employed, any material misstatement or omission of fact on this application may result in my dismissal.  Buffalo State is committed to maintaining a safe environment for its faculty, staff, students, volunteers and others who use our facilities. To assist in achieving that goal, Buffalo State conducts pre-employment background investigations on new employees. An offer of employment is contingent upon the successful completion of a background investigation, which requires the completion of a separate Background Verification Authorization Release Form.  Buffalo State is an equal opportunity employer. It is Buffalo State’s policy to employ qualified applicants without regard to race, color, sex, age, handicap, national origin, religion, veteran status, sexual orientation or preference. | | | |
| Applicant Signature: |  | Date: |  |

**Nondiscrimination Notice**

Pursuant to College policy, the 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.

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 Ms. Crystal J. Rodriguez, Chief Diversity Officer, SUNY Buffalo State, 1300 Elmwood Avenue, 415 Cleveland Hall, Buffalo, New York 14222; or by phone (716) 878-6210 or fax (716) 878-6234. Inquiries may also be directed to the United States Department of Education’s Office for Civil Rights, 32 Old Slip 26th Floor, New York, N.Y., 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov.

**Privacy Act and Paperwork Reduction Act Statements**

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of Act 1974). The authority of this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form. Propose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. Effects of Nondisclosure: Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. Seq,) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this forma is five (5) minutes per response, including time for reviewing instructions. Direct comments regarding the burden estimate or any other aspects of this form to Ms. Lisa Morrison-Fronckowiak, Interim Chief Diversity Officer, SUNY Buffalo State, 1300 Elmwood Avenue, 415 Cleveland Hall, Buffalo, New York 14222 and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.

Applicant   
Voluntary Demographic   
Information



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| OMB No.: 3046-0046 |

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary and will not be used in any way to determine your eligibility for employment. The aggregate information collected through this form will be kept private to the extent permitted by law.

|  |  |  |  |
| --- | --- | --- | --- |
| **Posting Number:** |  | **Position Title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Voluntary Demographic Data | | | |
| Gender | Female | Male | Not Disclosed |
| Ethnicity:  Are you Hispanic /Latino? | Yes | No | Not Disclosed |
| Race: Select all that apply | American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islanders  White  Not Disclosed | | |
| Veteran Status: | Yes | No | Not Disclosed |
| Protected Veteran Status: | I am not a protected veteran.  I identify as one or more of the classifications of protected veteran listed below. | | |

|  |
| --- |
| **Protected Veteran Classifications:** |
| As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness if the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Disabled Veteran:   * A veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or * A person who was discharged or released from active duty because of service-connected disability   Recently Separated Veteran:   * Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.   Active Duty Wartime or Campaign Badge Veteran:   * A veteran who served on active duty in the U.S. military, ground, naval or air service during war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense   Armed Forces Service Medal Veteran:   * A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which Armed Forces service medal was awarded pursuant to Executive Order 12985. |

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

Page 1 of 2

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| --- |
| Why are you being asked to complete this form? |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[[1]](#endnote-1)  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. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

|  |
| --- |
| 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 * Epilepsy | * Schizophrenia * Muscular dystrophy | * Missing limbs or partially missing limbs | * Intellectual disability (previously called mental 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. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (please print) Today’s Date

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

Page 2 of 2

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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.

1. 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](http://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.

   ***Please return the form to Human Resource Management, Cleveland Hall 403.***

   Buffalo State  
   Human Resource Management  
   Cleveland Hall 403  
   1300 Elmwood Avenue  
   Buffalo, NY 14222

   Telephone: (716) 878-4822

   Revised-2/2024 [↑](#endnote-ref-1)