



SUNY Erie is an Equal Opportunity/Affirmative Action Employer who provides equal opportunity for all qualified applicants without regard to race, color, sex, religion, national origin, age, disability, sexual preference or marital status.

**LECTURER APPLICATION  
ADVANCED STUDIES  
6205 Main Street, Williamsville, New York 14221**

Please Print Name:		
Last	First	MI

Applying for position of:	Date Available:
Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> RPT (Regular part-Time) <input type="checkbox"/> Part Time	

Present Address:				
Street	City	State	Zip Code	How Long?

Previous Address:				
Street	City	State	Zip Code	How Long?

Home Telephone No:	Cell No:	E-Mail Address:
(Area Code)	(Area Code)	

Are you legally eligible to work in the U.S.?	No	Yes	Explain:
Have you ever been convicted of a felony?	No	Yes	Explain:
Are you a Veteran of the U.S. Military Service?	No	Yes	Explain:
Have you ever applied for employment with SUNY Erie?	No	Yes	Explain:
Have you ever worked for SUNY Erie?	No	Yes	Explain:
Have you worked or are you currently employed By Erie County?	No	Yes	Explain:
Have you ever worked or attended school under another name?	No	Yes	Explain:
Relatives or friends employed by SUNY Erie? (If "Yes", identify)	No	Yes	Explain:

Who referred you to SUNY Erie:       Advertisement       College Employee Name: \_\_\_\_\_

(Check appropriate box)       Direct Contact       School       Other: \_\_\_\_\_

Education	Print Name, Number and Street. City, State, and Zip Code For Each School Listing	Type Course or Major	Credit Hours	Degree Received & Date
Grade School				
High School				
College				
Graduate School				
Certifications, License				

Employment History: use this section to supplement information provided in your resume.

Begin with most recent employer. List all employment, no matter how short the term.

Employer:		Employed From:	Mo.-yr.	To:	Mo.-yr.
Street Address:		Salary Start:	Finish:		
	State:	Zip Code:	Telephone No:		
Name and Title of Immediate Supervisor:		your Title:			
Description of Duties:					
Reason for Leaving:					

Employer:		Employed From:	Mo.-yr.	To:	Mo.-yr.
Street Address:		Salary Start:	Finish:		
City:	State:	Zip Code:	Telephone No:		
Name and Title of Immediate Supervisor:		Your Title:			
Description of Duties:					
Reason for Leaving:					

Employer:		Employed From:	Mo.-yr.	To:	Mo.-yr.
Street Address:		Salary Start:	Finish:		
	State:	Zip Code:	Telephone No:		
Name and Title of Immediate Supervisor:		Your Title:			
Description of Duties:					
Reason for Leaving:					

May we contact your former employers?    No                      Yes                      Present Employer? No                      Yes

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me from employment with SUNY Erie. I authorize the release of any job-related information that SUNY Erie may request from the above sources. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by the Immigration and Naturalization Service documenting eligibility for employment and educational transcripts when required.

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Signature

Date

## SUNY Erie Equal Employment Opportunity Data

SUNY Erie is an Equal Opportunity/Affirmative action Employer, and requests your voluntary completion of this questionnaire to be used only for the purpose of monitoring the success of our Affirmative Action Plan. Please complete the following Applicant Log information, which will be removed from the application, retained in a separate file or location and not forwarded to any employing department. In keeping with the College's status as an Equal Opportunity/Affirmative Action Employer, this information will not be used in making any decision affecting employment or any personnel action following employment.

PLEASE ENTER REQUESTED INFORMATION BELOW

DATE	NAME (Print or Type)	Date of Birth
MO./Day/Year	Last                      First                      Middle	Mo./ Day/Year

Please Check One Hispanic Origin:

- HIS  Hispanic/Latino
- NHS  Non Hispanic/Latino
- HSM  Hispanic Mexican
- HSP  Hispanic Puerto Rican
- HSD  Hispanic Dominican
- HSCA  Hispanic Central America
- HSSA  Hispanic South America
- HSOH  Hispanic Other Hispanic/Latin

Please check one or more Race:

- AN  American/Alaska Native
- AS  Asian (India, Pakistan, etc.
- BL  Black or African American
- HP  Hawaiian/Pacific Islander
- WH  White

Sex: Female       Male

Disability:

A disability is any impairment which substantially limits one or more of major life activities. A disabled person is one who:

1.  actually has such impairment
2.  has a record of such impairment
3.  is regarded as having such impairment. Non-disabled persons should check item 4
4.  None/Prefer not to report

- How Were You Referred to SUNY Erie?
- |   |  |
|---|--|
| 1. <input type="checkbox"/> Employment Agency | 4. <input type="checkbox"/> College Employee |
| 2. <input type="checkbox"/> Advertisement     | 5. <input type="checkbox"/> School           |
| 3. <input type="checkbox"/> Direct Contact    | 6. <input type="checkbox"/> Other            |
- Name: \_\_\_\_\_

Positions Applied For:

- |    |  |           |
|----|--|-----------|
| 1. |  | Posting # |
| 2. |  | Posting # |
| 3. |  | Posting # |
| 4. |  | Posting # |