

Cornell University is an affirmative action/equal opportunity employer & educator

- DIRECTIONS**
- Type or print, using black ink or marker
 - If you need additional space, attach a supplemental sheet
 - Sign the completed application

GENERAL

NAME (LAST) (FIRST) (MIDDLE)			SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. - DAY ()	PHONE NO. - EVENING ()
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE NO. ()	BIRTHDATE, IF UNDER 18
HAVE YOU PREVIOUSLY WORKED FOR CORNELL? YES <input type="radio"/> NO <input type="radio"/>	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.				

LEAVE BLANK
↓

LAST

FIRST

CAND. NO.

POSITION

TYPE OF POSITION APPLYING FOR _____		SOURCE OF REFERRAL _____	JOB POSTING NO. _____
DATE AVAILABLE	POSITION DESIRED <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME REGULAR	SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your resume, please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

2 EMPLOYMENT RECORD CONTINUED

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	FROM	TO	YES	NO			
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	FROM	TO	YES	NO			
HIGH SCHOOL LAST ATTENDED	DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	FROM	TO	YES	NO			
OTHER	DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	FROM	TO	YES	NO			

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT CORNELL

LANGUAGE ABILITY--LIST THOSE YOU COULD USE IN YOUR WORK													
ENGLISH	SPEAK		READ		WRITE		OTHER	SPEAK		READ		WRITE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT, PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE	MAILING ADDRESS	PHONE

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice. I also agree: (1) to such examination by a university-designated physician as may be

required, employment being contingent on the satisfactory passing thereof; (2) if employed, to enroll in the University group insurance plan, except employees of Cornell University Medical Center; (3) if employed, to abide by all regulations of the University.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS).

Employment is contingent upon furnishing evidence of identity and employment eligibility.

It is the policy of Cornell University to actively support equality of educational and employment opportunity. No person shall be denied admission to any educational program or activity or be denied employment on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex, sexual orientation, age, or handicap. The university is committed to the maintenance of affirmative-action programs that will assure the continuation of such equality of opportunity. Sexual harassment is an act of discrimination and, as such, will not be tolerated. Inquiries concerning the application of Title IX may be referred to Cornell's Title IX coordinator (coordinator of women's services) at the Office of Equal Opportunity, Cornell University, 234 Day Hall, Ithaca, NY 14853-2801 (Telephone: 607-255-3976).

Cornell University is committed to assisting those persons with disabilities who have special needs. A brochure describing services for persons with disabilities may be obtained by writing to the Office of Equal Opportunity, Cornell University, 234 Day Hall, Ithaca, NY 14853-2801. Other questions or requests for special assistance may also be directed to that office.

8/16/95

**IMMIGRATION REFORM AND
CONTROL ACT OF 1986**

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

Among other changes, the Immigration Reform and Control Act of 1986 creates a national employment verification system which places responsibility for verification of the identify and employment eligibility of all employees on the employer. Effective June 1, 1987 this new law requires employers to request and examine documentation of identity and employment eligibility of all new hires and rehires, including U.S. citizens, permanent residents and nonimmigrant visa holders.

Should you accept an offer of employment with Cornell University, you must present ORIGINAL documentation outlined on the reverse side of this document on or before your first day of work.

After these documents are reviewed, you will then be required to complete and sign an Employment Eligibility Verification Form (Form I-9) in the presence of your supervisor or designated representative of the University.

Should you accept an offer of employment with Cornell, this process must be completed on or before your first day of work. Otherwise, you will not be eligible for registration on the Cornell payroll.

If you have any questions concerning the employment process at Cornell University, please call Organizational Development and Employment Services, Office of Human Resources, 254-8370.

Prepared by: Office of Human Resources

Cornell University
Equal Opportunity/Affirmative Action Employer

Should you accept an offer of employment with Cornell University, you must present **ORIGINAL** documentation outlined below on or before your first day of work.

One of these **ORIGINAL** documents to establish identity and employment eligibility:

- U.S. passport;
- Certificate of U.S. citizenship (INS Form N-560 or N-561);
- Certificate of naturalization (INS Form N-550 or N-570);
- Unexpired foreign passport with unexpired official stamp or valid Form I-94.
NOTE; Use of this form must first be verified by International Students & Scholars Office;
- Alien registration receipt card with bearer's photograph ("green card"-INS Form I-151);
- Resident alien form with bearer's photograph (Form I-551);
- Temporary resident card (INS Form I-688);
- Employment authorization card (INS I-688A).

If you do not have any of the above documents, then you must present one document from each of the next two sections:

One of these **ORIGINAL** documents to establish identity:

- State-issued driver's license or state-issued identification card containing a photograph or if the document does not contain a photograph, identifying information such as name, date of birth, sex, height, color of eyes, and address;
- Voter's registration card;
- U.S. military card or draft record;
- Identification card issued by federal, state or local government agencies or entities;
- Military dependent's identification card;
- Native American tribal documents;
- U.S. Coast Guard Merchant Mariner card;
- Driver's license issued by a Canadian government authority.

AND

One of these **ORIGINAL** documents to establish employment eligibility:

- Social security number card other than one which has printed on its face "not valid for employment purposes";
- Certification of birth issued by Dept. of State (Form FS-545);
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority bearing a seal;
- Certification of birth abroad issued by Dept. of State (Form DS-1350);
- Unexpired reentry permit (INS Form I-327);
- Unexpired Refugee Travel document (INS Form I-571);
- Employment authorization document issued by INS;
- Native American Tribal document;
- U.S. citizen identification card (INS Form I-197);
- Identification card for use of resident citizen in the U.S. (INS Form I-179).

Office of Human Resources

11/93