



Name

(Last)

(First)

(MI)

NYSTEC Application for Employment

Return this application to Corporate Human Resources

500 Avery Lane, Suite A • Rome, NY 13441 • Phone 315-338-5818 • Fax 315-338-6124

NYSTEC is an equal opportunity/affirmative action employer and does not discriminate in hiring or status of employment because of age, race, color, religion, gender, national origin, disability, or Vietnam era veteran status.

Personal Information

Last name	First name	Middle initial	Social Security Number	Date
Resident address	City	State	Zip Code	Phone number Business phone
Other address (if any)	City	State	Zip Code	E-mail address
Position for which applying	Salary required		Date available	
Please describe any continuing outside business interests	Are you a U.S. Citizen or U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what is your U.S work authorization status?			

Employment Source (Please check appropriate box)

<input type="checkbox"/> Co/Op program	<input type="checkbox"/> Employment agency	<input type="checkbox"/> Ad in college publication	<input type="checkbox"/> Job fair
<input type="checkbox"/> Community agency	<input type="checkbox"/> College placement office	<input type="checkbox"/> Website (name)	
<input type="checkbox"/> Self-initiated	<input type="checkbox"/> State agency	<input type="checkbox"/> Employee referral (who)	
<input type="checkbox"/> Friend or associate	<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Other	

Education

	Name and Location of School	No. of Years Attended	Years Attended	Degree	Major(s)	Grade Average
High School						
College						
Other College						
Military or Other Schools						

Employment History

Present or Last Position

Name of employer	Type of business	Address	Phone number
Date started	Starting salary	Starting position	
Date left	Present salary	Position at time of leaving	
Name and title of last immediate supervisor		Reason for leaving or contemplating change	

If you are still employed, may this company be contacted for reference inquiry? Yes No

Specific responsibilities in last or most relevant position held

Second Last Position

Name of employer		Type of business	Address	Phone number
Date started	Starting salary		Starting position	
Date left	Last salary		Position at time of leaving	
Name and title of last immediate supervisor			Reason for leaving	

Specific responsibilities in last or most relevant position held

Third Last Position

Name of employer		Type of business	Address	Phone number
Date started	Starting salary		Starting position	
Date left	Last salary		Position at time of leaving	
Name and title of last immediate supervisor			Reason for leaving	

Specific responsibilities in last or most relevant position held

Fourth Last Position

Name of employer		Type of business	Address	Phone number
Date started	Starting salary		Starting position	
Date left	Last salary		Position at time of leaving	
Name and title of last immediate supervisor			Reason for leaving	

Specific responsibilities in last or most relevant position held

Security

Have you ever received any type of security clearance for U.S. Government work? Where? When?

Description of clearance: Secret Top Secret Which government agency?

Do you know any reason why you cannot obtain a security clearance?

Military Service (U.S.)

Branch of service	Date discharged	Rank at discharge
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Duties

Patents, Inventions, Publications and Research Projects

Please describe (attach separate sheet if necessary)

Professional References

Name	Phone number & e-mail	Address	Business	Relationship	Yrs Known
1					
2					
3					

Declaration *Read this carefully*

I certify that all the information I have provided in the application process is true and complete, and I understand that any misstatement, falsification or omission of information may result in refusal to hire or, if hired, immediate termination. This application will be considered active for no more than three months.

I authorize any people or organizations referenced in this application to give SRC, NYSTEC, SMI (the Corporation) any and all information concerning my previous employment, education or any other information related to any subject covered by this application, for the purpose of evaluation in hiring for employment. Further, I release such parties from all liability for damages that may result from furnishing such information to the Corporation.

Should I become employed by the Corporation, I understand that my employment relationship will be one of *at will*. As such I agree to conform to the rules and policies of the corporation, and I understand and acknowledge that my employment may be terminated at any time, with or without cause, and with or without notice, at the option of the company or myself.

I understand that my employment or continuation thereof may be contingent upon obtaining a security clearance from appropriate government agencies or department for access to such classified material as the nature of my work requires.

Date _____

Signature of applicant _____

Voluntary Self Identification Form

As an employer, we wish to voluntarily comply with various laws and regulations that require us to report on statistics related to our applicants.

The following information is requested for government statistical reporting only and is completely voluntary. This form will be removed from your application prior to an employment decision and it will in no way affect your employment potential at SRC, NYSTEC or SMI. Thank you for your cooperation.

Please check the appropriate space(s) to indicate your status. **Male** **Female**

- White** - not of Hispanic origin **Black** - having origins in any of the Black racial groups of Africa
 Spanish or Hispanic - persons of Mexico, Puerto Rico, Cuba, Central or South American, or other Spanish culture or origin
 Oriental, Asian or Pacific Islander - all persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and Pakistan
 Indian (American) or Alaska Native - persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

Date _____

Signature of applicant _____