

Applicant Name: _____

Position: _____

Posting Reference Number: _____

Employment Application

Stony Brook University
Stony Brook University Hospital
Long Island State Veterans Home

(State Positions)



Stony Brook
University

Do not write in this box, for barcode use.



Employment Application

Stony Brook University

Instructions: Use this Employment Application for all State positions at Stony Brook University, Stony Brook University Hospital and the Long Island State Veteran's Home. Submit this application to the Search Committee Chair or department as directed in the job announcement.

Position		Posting Reference Number		Department	
Applicant Information					
Last Name		First Name, Middle Initial			
Street Address			City		
State		Zip/Postal Code	Home Telephone Number ()		Alternate Telephone Number ()
Salary Requirements \$	Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem			E-mail Address	
Are you CURRENTLY, or have you ever been, employed at Stony Brook University or any other public employer in the State /City of New York? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates. Retired? <input type="checkbox"/> YES <input type="checkbox"/> NO					
As a result of prior employment with a public employer in the State/City of New York, are you receiving a pension from a New York State Retirement system? NOTE: NYS Law imposes strict limitations on those retired or intending to retire and draw a pension from a NYS public employment system. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list agency and dates.					
Have you ever been employed by The Research Foundation of SUNY or the Faculty Student Association (FSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, location and dates.					
Are you a US Citizen or national of the United States or a lawful Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, state your Non-Immigrant Status.					
Are you under 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you are required to provide appropriate work authorization papers.					

Please continue to the next page 

Have you ever served in any branch of the United States Armed Forces?
 YES **NO** If yes, type of discharge.

For the purposes of reviewing your application, identify if you have any relatives / members of your household employed within the University/Research Foundation/FSA.
 YES **NO** If yes, please identify employee and department:

Have you ever been convicted of a felony or misdemeanor? Please be sure to include Motor Vehicle Traffic misdemeanors.
 YES **NO** If yes, provide date, charge, and disposition.

Educational History/Professional Licenses

High School/Graduate Equivalency Diploma

Name	City	State	Zip Code	Did you Graduate?
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College/University/Professional & Trade Schools

1. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address	City			State	Zip Code
2. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address	City			State	Zip Code
3. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits
Address	City			State	Zip Code

If the position for which you are applying requires a license, including New York State Driver's License, certification or other authorization to practice a trade or profession, complete the following section:

Type/Class	License Number	Expiration Date	Issuing Authority	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stony Brook University is a Drug Free Workplace

Stony Brook University is an affirmative action, equal opportunity employer and prohibits discrimination on the basis of race, sex, sexual orientation, gender identity, religion, age, color, creed, national or ethnic origin, disability, marital status, genetic information, criminal conviction, domestic violence victim status, and/or military status.

If you need a disability-related accommodation, please call Human Resource Services Recruiting & Employment Services Unit at (631) 632-1129 or Stony Brook University Hospital Human Resources at (631) 444-4700.

Please continue to the next page

Applicant Name: _____

Employment History

List all prior work experience starting with the current or most recent employer for the past seven (7) years. Applicants may include volunteer and military service in the space provided below. This section must be completed. For additional space use Employment History Addendum.

FROM:	Month	Year	Current/Most Recent Employer's Name	Department/Division	Current /Most Recent Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number ()		Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week
Brief Description of Duties:					Reason for Leaving:

FROM:	Month	Year	Employer's Name	Department/Division	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number ()		Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week
Brief Description of Duties:					Reason for Leaving:

FROM:	Month	Year	Employer's Name	Department/Division	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
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Brief Description of Duties:					Reason for Leaving:

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Phone Number ()		Current Annual Salary \$		Bonus/Commissions (If applicable) \$	Hours worked per week
Brief Description of Duties:					Reason for Leaving:

Professional References

Please provide the name, title, address and telephone numbers of three professional references we may contact:

Name, Title	Address (City, State, Zip Code)	Telephone	Years Known

Acknowledgment & Authorization

I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination, voiding the appointment from the start date, and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide any relevant information that may be needed to arrive at an employment decision.

I agree, if employed, to abide by all rules, policies and regulations of Stony Brook University. I certify that the information that I have provided is complete and accurate.

May we contact your current employer at this time? Yes No If not, when may we contact your employer?

Applicant's Signature	Date
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Applicant Name:	
Stony Brook University Hospital & Long Island State Veterans Home	
<p>Have you ever been excluded from participation as a provider in the Medicare or Medicaid Program?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates of exclusion and reinstatement.</p>	
<p>Were you ever registered on the General Service Administration's Excluded Parties List?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates and details of circumstances.</p>	
<p>Have you ever been prevented from participation in bidding for contracts, or for acting as a vendor to any state or federal agency?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates and details of circumstances.</p>	
<p>Have you ever, or are you currently involved in any form of disciplinary or investigative process before any state licensing body or any accrediting body?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.</p>	
<p>Are you now, or have you ever been listed on the New York State Child Abuse Registry?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates and details of circumstances.</p>	
Pre-Employment Physical Notice (All Applicants)	
<p>A pre-employment physical examination is required for all positions in Stony Brook University Hospital and the Long Island State Veterans Home. A pre-employment physical examination may be required for West Campus/HSC positions where job-related or required by law.</p>	
Applicant's Signature	Date
Authorization to Conduct Background Verification and General Release (All Applicants)	
<p>In connection with my application for employment at Stony Brook University, Stony Brook University Hospital or the Long Island State Veterans Home, hereafter "employer", I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act which may include, but not limited to, a Social Security Number verification and Criminal Conviction verification. I also authorize the "employer" to conduct an Office of Inspector General (OIG) search to ascertain my current status with the OIG List of Sanctioned Individuals, and to conduct a General Services Administration (GSA) search of their List of Parties Excluded to ascertain my current status in the GSA.</p>	
<p>Applicant Initial: _____</p>	
<p>I am aware that I have the right under the Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verifications conducted related to my application of employment. I authorize and request all courts and law enforcement agencies to release such information without restriction or qualification.</p>	
<p>Applicant Initial: _____</p>	
<p>I hereby release Stony Brook University, Stony Brook University Hospital, Long Island State Veterans Home, their respective officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.</p>	
<p>Applicant Initial: _____</p>	
Applicant's Signature	Date