Dutchess Community College Employment Application for Student Employees

Note: Applicants who require any physical or other assistance in completing this application may contact Career Services at 845-431-8047.

For additional information contact: Office of Human Resources., 53 Pendell Rd., Poughkeepsie, NY 12601 Tel: 845-431-8000

## Please Submit Application Directly to HRStudentEmployment@sunydutchess.edu

Davidian Analysis a Fan	_	Danautusant		
Position Applying For		Department		
Name:				
Local Address: Street/P.O. Box		City	State	Zip
E-Mail Address:		_ Local Phone:		<u> </u>
Anticipated Date of Graduation/Transfer:	<del></del>		Major:	
<ul> <li>Do you have another job on campus?</li> </ul>	No ☐ Yes	Department:	<del>-</del>	
Do you have Federal work-study award for the control of the c	nis year? 🗌	]No □Yes		
• Are you over the age of 18? \( \sum \text{No} \subseteq \text{No} \subseteq \text{S}	Yes			
<ul> <li>Are you authorized to work in the United Stat         <i>Note:</i> DCC is required to verify your eligibility to work         you will be expected to provide this information, as rec</li> </ul>	in the United	States by comple	ting the USCIS form	n I-9. If offered employment,
<b>Hours of Availability</b> Students may work a <u>max</u> and <u>no</u> student is to work during any of his or her	r scheduled c	classes.		in session
How many hours a week do you want to work?				
	′inter □	-	Summer	
I am willing to work: ☐ Mornings ☐ Days  Job-Related Skills and Abilities		│	Weekends	∐ Holidays
List skills and abilities pertinent to the position an	d describe yo	our level of expe	ertise/proficiency.	
Skills/Abilities		Expertise/Pro	ficiency Level (e	.g., typing speed)
			·	
<b>Employment History</b> <i>List your work experience internships, volunteer jobs and any military service</i>		or most recent j	ob. You may inclu	de full-time, part- time,
Employer:	Position:			
Address:		_ Phone:		
Employment Dates – From To Supervisor:				
Major duties: (Be Specific):				
· · · · · ·				
Professional References: Please provide at lea	ast one refer	ence.		
I authorize you to contact my former/current em			☐ No ☐ Yes	
Name	Phone	Оссі	upation/Title	Relationship
<u>Please read carefully before signing – Incomp</u> <u>NOTICE</u> Any false, fraudulent, or misleading oral or written s related employment process, whether made by me or by othe from university service if discovered after employment, and/or I certify and affirm that I have read and understand the al materials or requested its completion and that all statem	statement contain ers at my reques or prosecution fo bove notice. I fo	ned in this applications, will result in rejector a crime.	on and attached mater tion of my application	rials or made in the course of any denial of employment, dismissal ed this application and attached
Signature:		Date:		