



Office of Human Resources
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1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
 www.molloy.edu

Employment Application

General Instructions: Please complete all sections of this application. If you need assistance with this form, or with any phase of the employment process, every reasonable effort will be made to accommodate your needs upon request.

Non-Discrimination and Harassment:

Molloy College holds high expectations of each member of the Molloy Community. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972 as amended and Sections 504 of the Rehabilitation Act of 1973, Molloy College does not discriminate on the basis of race, sex, color, national or ethnic origin, religion, age, marital status, disability, military service, or sexual orientation in its administration of education policies, programs or activities; its admission's policies; or employment.

Applicant Information				
Last Name	First Name, Middle Initial		Social Security Number	
Street Address		City	State	Zip Code
Home Telephone Number	Cellular Telephone Number		E-mail Address	
Are you 18 years of age or older? If no, you are required to provide work authorization papers. <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you prove that you are authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you now or in the future require sponsorship for employment visa status (e.g., H1-B visa status)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever served in the United States Armed Forces? If yes, please provide type of discharge. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime other than a minor traffic violation? NYC applicants should not answer. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name: _____	

Position Information			
Date of Application	Position	Salary Requirement	
Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Per Diem		Are You Able to Work Overtime, If Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	When are you available to start work?
Do you have any relatives who currently work at Molloy College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name(s) of the employee(s):		How did you learn about this position? <input type="checkbox"/> Employment Advertisement in: _____ <input type="checkbox"/> Molloy College Website <input type="checkbox"/> Current/Former Employee: _____ <input type="checkbox"/> Other: _____	
Are you currently or have you ever been previously employed by Molloy College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list position and dates.		Are you currently or have you ever been a student at Molloy College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates.	

Educational Information				
Graduate School	City, State	Dates Attended	Degree Earned	Course of Study
College	City, State	Dates Attended	Degree Earned	Course of Study
College	City, State	Dates Attended	Degree Earned	Course of Study
High School/Graduate Equivalency Diploma	City, State	Dates Attended	Degree Earned	Course of Study

Please complete reverse side

Employment History

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. Include any previous employment at Molloy College.

Name of Current/Most Recent Employer	Address	Phone
Date Started:	Starting Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Supervisor Name and Title:
Date Left:	Ending/Current Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Reason for Leaving:
Position Title:	Describe Duties:	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	

Name of Employer	Address	Phone
Date Started:	Starting Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Supervisor Name and Title:
Date Left:	Ending/Current Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Reason for Leaving:
Position Title:	Describe Duties:	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	

Name of Employer	Address	Phone
Date Started:	Starting Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Supervisor Name and Title:
Date Left:	Ending/Current Salary: (NYC Applicants Do Not Complete) \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Year	Reason for Leaving:
Position Title:	Describe Duties:	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	

References

Please list three individuals who are not related to you and who have knowledge of your qualifications and fitness for the position for which you are applying. Include your immediate supervisor at your present and prior places of employment.

Name	Address	Telephone
1.		
2.		
3.		

Skills/Other Qualifications

Please summarize special job-related skills acquired from employment or other experience.

Applicant Statement: Please read the following statement, sign and date the form.

I hereby certify to the best of my knowledge and belief all statements made on this application are complete and correct. I understand that falsification of any data requested on this application will be cause for automatic dismissal if employed.

I understand that the filing of this application with Molloy College is a preliminary step to employment. It does not obligate Molloy College to offer employment, or the applicant to accept employment. Employment at Molloy College is contingent upon a successful reference and background investigation. I understand that current and former employers may be contacted for verification of any and all information stated in this application and or during any phase of the selection process. Candidates will be required to sign an **Authorization to Release Information Form** authorizing the College to conduct a thorough background investigation.

Applicant Signature: _____ Date: _____



Voluntary Self Identification Form

Molloy College is an Equal Opportunity Employer. As required by law, in order to fulfill our reporting obligations, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their protected Veteran status. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We value diversity and encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. This information will not be maintained with your application, or if hired, your personnel file.

SECTION 1: GENERAL INFORMATION

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applied/Job Title:	Date:

In the following sections, please check all that apply

SECTION 2: RACE OR ETHNICITY

<input type="checkbox"/> Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
<input type="checkbox"/> White (not Hispanic or Latino)	A person having origins in any of the peoples of Europe, the Middle East or North America.
<input type="checkbox"/> Black or African American (not Hispanic or Latino)	A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliations or community attachment.
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above.

SECTION 3: VETERAN STATUS

Using the definitions on the reverse of this page, please check the appropriate box below.

I identify as one or more of the classifications of protected veteran listed

I am not a protected veteran

SECTION 4: DISABILITY

A disabled individual is defined as a person who has a physical or mental impairment which substantially limits one or more of his/her major life activity(s), has a record of such impairment(s), or is regarded as having such impairment(s).

Using the definition as stated above, please check the box to identify yourself as a disabled individual. Yes No

NON PARTICIPATION: I have read the above statement and I have chosen not to complete this form.

Signature

Date

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

Disabled Veteran

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of service-connected disability.

Recently Separated Veteran

Means any veteran during the three-year beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under the USERRA – the Uninformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the front of this page. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.