



APPLICATION FOR EMPLOYMENT

221 East 71st Street | New York, NY 10021 | (212)517-0530

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity and expression and genetic information or any other legally protected status. To read our policy on Sexual Misconduct, Sexual Assault, Stalking, and Relationship Violence, please visit our website at <https://www.mmm.edu/offices/human-resources/policy-sexual-misconduct-sexual-assault-stalking-relationship-violence.php>. To read our policy on Affirmative Action, please visit our website at <http://www.mmm.edu/offices/human-resources/staff-handbook.php#/EEOAA>.

Candidate Information:

Last Name:	First Name:	Middle Name:
Address:	City/State:	Zip Code:
Telephone Number:	Email Address:	Social Security:

Position:

Position(s) Applied For:	Today's Date:	Date Available to Work:
How did you learn about us?	Capacity Available to Work:	
<input type="checkbox"/> Job Board: _____ <input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Full-Time <input type="checkbox"/> Shift Work	
<input type="checkbox"/> Employment Agency: _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	

Employment Questions:

1. If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Have you ever filed an application with us before? If yes, give date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
3. Have you ever been employed with us before? If yes, give date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
4. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you prevented from lawfully becoming employed in this country because of Visa or	<input type="checkbox"/> Yes <input type="checkbox"/> No



Immigration Status? <i>(Proof of Citizenship or immigration status will be required upon employment)</i>	
7. Please answer yes or no: Do you fall within one of the following classes (please do not specify which one): U.S. citizen, U.S. permanent resident, person granted temporary residence under the 1986 Amnesty Law, Asylee, or Refugee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Can you travel if the job requires it? If yes, what percentage would you be available to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: _____

Education:

	Name & City/State of School:	Course of Study	Years Completed	Diploma/Degree/Certification
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Foreign Languages:

Indicate any foreign languages you can speak, read, and/or write:

	Fair	Good	Fluent
Speak			
Read			
Write			

Specialized Training:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.



Describe any job-related training received in the United States military.

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Telephone:	From (Month/Year):
Address:		To (Month/Year):
Job Title:	Supervisor Name/Title:	
Work Performed: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Reason For Leaving: <hr/>		
Employer:	Telephone:	From (Month/Year):
Address:		To (Month/Year):
Job Title:	Supervisor Name/Title:	
Work Performed: <hr/> <hr/>		



<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Reason For Leaving: <hr/>		
Employer:	Telephone:	From (Month/Year):
Address:		To (Month/Year):
Job Title:	Supervisor Name/Title:	
Work Performed: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Reason For Leaving: <hr/>		
Employer:	Telephone:	From (Month/Year):
Address:		To (Month/Year):
Job Title:	Supervisor Name/Title:	
Work Performed: <hr/> <hr/>		



<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Reason For Leaving: <hr/>

—If you need additional space, please continue on a separate sheet of paper—

Additional Information:

List professional, trade, business or civic activities. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Summarize special job-related skills and qualifications acquired from employment or other experience. <hr/> <hr/> <hr/> <hr/>

Specialized Skills:

Computer Skills:	Other Skills (please list):
<input type="checkbox"/> Microsoft Access <input type="checkbox"/> Adobe Photoshop	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> ADP Workforce Now	
<input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Colleague by Ellucian	



<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Raiser's Edge	<hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Microsoft Visio	<input type="checkbox"/> Mac OS	
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> PC	

State any additional information you feel may be helpful to us in considering your application.	
<hr/> <hr/> <hr/>	
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.	
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No

References:

Name:	Company:	Relationship:
<hr/>	<hr/>	<hr/>
Phone:	Email:	
<hr/>	<hr/>	
Name:	Company:	Relationship:
<hr/>	<hr/>	<hr/>
Phone:	Email:	
<hr/>	<hr/>	
Name:	Company:	Relationship:
<hr/>	<hr/>	<hr/>
Phone:	Email:	
<hr/>	<hr/>	



Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of the Applicant

Date