We appreciate your interest in Daemen College. While you may attach a resume, you are also asked to complete the application in its entirety so that we can fully evaluate your qualifications. We are an equal opportunity/affirmative action employer. We will not discriminate on the basis of race, religion, national origin, sex, age, or disability, veteran or marital status, color, genetic predisposition or carrier status. Information provided on this application will not be used for discriminatory purposes. Your application will remain on file for one year.



4380 Main Street, Amherst, NY 14226-3592

Employment Application

Personal Data

NAME	LAST	FIRST	MIDDLE INITI	AL FORMER NAME(S)			
PRESENT	MAILING ADDRESS	STREET	CITY	STATE AND ZIP CODE			
YOUR PR	ESENT TELEPHONE N	NUMBER	ALTERNATE TELEPHON	E NUMBER E-MAIL ADDRESS if available			
ARE YOU OVER 18? ☐ YES ☐ NO IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? ☐ YES ☐ NO			ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE F EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YO IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?				
_	ob Interests						
		are applying: (check all that	t apply)				
☐ Full Tir		Temporary	Summer				
☐ Day Sh			☐ Weekends				
When are	you available to begin w	ork?		Minimum Salary Desired?			
Position ap	pplied for:			Application Date:			
	yment Experi		nclude self-employment summe	r and part-time jobs. If more space is required, please continue on a separate sheet.			
DATES WORK		Zist un pre vious emproyers. I	SALARY	TITLE			
FROM		ТО					
LAST OR PRE	SENT COMPANY			BRIEF DESCRIPTION OF JOB DUTIES			
STREET ADDI	RESS		PHONE NUMBER				
CITY		STATE	ZIP				
SUPERVISOR	'S NAME AND TITLE		PHONE NUMBER				
REASON FOR	LEAVING						
DATES WORK	ED		SALARY	TITLE			
FROM	ED	ТО	SALAKI	THE			
LAST OR PRE	SENT COMPANY			BRIEF DESCRIPTION OF JOB DUTIES			
STREET ADDI	RESS		PHONE NUMBER				
CITY		STATE	ZIP				
SUPERVISOR	'S NAME AND TITLE		PHONE NUMBER				
REASON FOR	LEAVING						
DATES WORK	ED		SALARY	TITLE			
FROM LAST OR PRE	SENT COMPANY	ТО		BRIEF DESCRIPTION OF JOB DUTIES			
STREET ADDI	RESS		PHONE NUMBER				
CITY		STATE	ZIP				
SUPERVISOR	'S NAME AND TITLE		PHONE NUMBER				
REASON FOR	LEAVING						
DATES WORK FROM	ED	ТО	SALARY	TITLE			
	SENT COMPANY			BRIEF DESCRIPTION OF JOB DUTIES			
STREET ADDI	RESS		PHONE NUMBER				
CITY		STATE	ZIP				
SUPERVISOR	'S NAME AND TITLE		PHONE NUMBER				
REASON FOR	LEAVING						

Education and Iraining											
TYPE OF SCHOOL	COMPLETE NAME A ADDRESS OF SCHOOL		DATES ATTENDED FROM TO	MAJOR FIELDS OF STUDY	DID YOU GRADUATE?		PLOMA, DEGREE OR ERTIFICATE				
HIGH											
SCHOOL OR EQUIVALENCY			\sim								
DIPLOMA											
ALL											
VOCATIONAL SCHOOLS, TECHNICAL											
INSTITUTES, COMMUNITY											
AND JUNIOR COLLEGES											
ALL OTHER COLLEGES											
OR UNIVERSITIES											
	I										
LIST SPECIAL QUA	LIFICATIONS AND SKILLS WITH MAC	HINES AND EQUIPME	NT (OFFICE, PRINTING, WORD I	PROCESSING, PUBLIC SPEAKING, COM	IPUTER HARDWARE OR SO	OFTWARE, ETC.)					
LIST CURRENT PR	OFESSIONAL LICENSES OR CERTIFICA	TES (I.E. PLUMBER, E	ELECTRICIAN, ETC.)	LICENSING AUTHORITY		EXF	PIRATION DATE				
PLEASE INDICATE	ANY OTHER EXPERIENCE OR SKILLS	YOU HAVE GAINED T	THROUGH PROFESSIONAL ORGA	ANIZATIONS OR VOLUNTEER WORK.							
Do you have a	current legal driver's license?	□ yes □ no (If yes, indicate class)								
1. car or light truck											
2. commercial driver's license class endorsement/restriction											
Referenc	es										
	ns who are not related to you and	d have knowledge	of your qualifications.								
1	<u> </u>	YEARS	PRESENT BU	SINESS OR HOME ADDRESS		NESS OR					
	FULL NAME	KNOWN	(NUMBER, STRE	ET, CITY, STATE AND ZIP CODE)	OCCI	JPATION	TELEPHONE				
I certify that the	e information on this application	n is true and comp	plete. I understand that an	y misrepresentation or omissio	n of facts may be con	sidered cause for r	rejection of my application or				
	employment. I understand that either employment or the provis										
	to terminate my employment at				этс. и ан етрюут	on relationship is	established, i dilderstand that				
I HERERY AT	THORIZE ANY PERSON OR	PERSONS TO	GIVE DAFMEN COLL	EGE REPRESENTATIVES AN	IY INFORMATION	ABOUT ME AN	D RELEASE THEM FROM				
	ΓΥ FOR SO DOING.		G. A. D. LEWIEN COLL	SOE REFRESENTATIVES AT	. I II ORGANION	. E.O. I ME, AN	E LEEL TOE THEM I KOM				
Signature				Date							