



Hunter College of The City University of New York
Department of Human Resources
 695 Park Avenue, New York, N. Y. 10021

Employment Application

Last Name (Please Print)		First	Middle	Position Desired
Address		City or Borough		State Zip Code
Social Security No.		Home Telephone		Business Telephone
Citizenship <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Are you between the ages of 18 and 70? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, State Age _____		U. S. Military Service - Branch of Service _____ <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran Date of Entry _____ Date of Discharge _____ Military Occupation _____
Do you have any impairments, physical, mental, or medical which would interfere with your ability to perform the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, please explain _____				
Indicate any other name(s) used on employment records _____				
Have you been convicted of a crime? (Do not include a traffic violation or juvenile delinquency) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details				
Date	Violation	Location		Penalty

EDUCATION

Name of school - City/State	From	To	Major	Minor	Total Credits	Dipl/Deg/Certif.
High School						
College						
Other (Grad., Business, etc.)						
G. E. D.	Date issued			Certificate No.		
If not high school graduate, please indicate highest grade completed _____						
Name of school - City/State _____						

LICENSE

(If a license or professional registration is required for position, answer following)			
Title of license you possess (valid in New York City)			License No.
Name of issuing agency			
Date of original issue	Date last renewed	Renewal No.	Date of expiration