



# TEMPORARY/CASUAL EMPLOYMENT APPLICATION

*Cornell Cooperative Extension is an affirmative action/equal opportunity employer and educator*

**Applicants for regular full time or regular part time positions must use the online application to apply.**

Directions: To apply for a temporary or casual position, type or print, using black ink and complete the entire application.

- Sign the completed application.
- If you need additional space please attach a supplemental sheet.

## GENERAL

Name (*Last*) \_\_\_\_\_ (*First*) \_\_\_\_\_ (*Middle*) \_\_\_\_\_ Date of application \_\_\_\_\_

Present address (*street, city, state, zip code*) \_\_\_\_\_ Phone no. (*daytime*) \_\_\_\_\_ Phone no. (*evening*) \_\_\_\_\_

Address where you may be contacted if different from present address \_\_\_\_\_ Alternate phone no. \_\_\_\_\_ Email address \_\_\_\_\_

Are you 18 years of age or older? yes  no  (If no, you will be required to provide valid working papers prior to employment.)

## POSITION

Position applying for: \_\_\_\_\_ Salary range you will consider \$ \_\_\_\_\_ Date available \_\_\_\_\_

Where did you learn about this position opening?

- |  |  |
|--|--|
| <input type="checkbox"/> newspaper, specify _____                    | <input type="checkbox"/> state employment office _____ |
| <input type="checkbox"/> school/career center, specify _____         | <input type="checkbox"/> Internet, specify _____       |
| <input type="checkbox"/> Cornell Cooperative Extension, source _____ | <input type="checkbox"/> other, specify _____          |

**Resume Attached?** Yes  No  Please note- application must be completed thoroughly, even if resume is attached. Incomplete applications will not be considered.

### Subject Matter/Background

Select background relevant to CCE positions: (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> 4H/Youth Development                      | <input type="checkbox"/> Human Development                 |
| <input type="checkbox"/> Administration                            | <input type="checkbox"/> Natural Resources and Environment |
| <input type="checkbox"/> Agriculture and Small Business Management | <input type="checkbox"/> Nutrition                         |
| <input type="checkbox"/> Animal Science                            | <input type="checkbox"/> Plant Science                     |
| <input type="checkbox"/> Community and Economic Development        |  |

Experience relevant to this position (i.e. professional, internships, etc.): \_\_\_\_\_

Please identify other experiences relevant to this position (i.e. volunteer, committee memberships, 4-H member, etc.) and number of years involved: \_\_\_\_\_

In compliance with Civil Rights Law, New York State Human Rights Law, the New York State Sexual Orientation Non-Discrimination Act (SONDA), Title IX, Sections 503 /504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA), All Cornell Cooperative Extension programs are offered to county residents without regard to race, color, religion, political beliefs, national or ethnic origin, gender, sexual orientation, age, marital or family status, veteran status, or disability. Equal employment opportunities, benefits, and working conditions are available to qualified persons without regard to race, color, religion, political beliefs, national or ethnic origin, gender, sexual orientation, age, marital status, domestic violence victim status, genetic predisposition, family status, veteran status, or disability

**EMPLOYMENT RECORD**

## Employment History

Please list previous employers, beginning with most recent

**Employer 1:**

Employer \_\_\_\_\_

Starting date \_\_\_\_\_

Street \_\_\_\_\_

Ending date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Starting salary \_\_\_\_\_

Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Final salary \_\_\_\_\_

Position title \_\_\_\_\_

Hours worked  
per week \_\_\_\_\_ Full time  Part time

Position duties (include number and types of people supervised) \_\_\_\_\_

Describe any promotions or new assignments during this employment \_\_\_\_\_

Name and job title of last supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your present employer?  Yes  No (NOTE: If you are one of the final candidates, it **will** be necessary to check with your employer for references and employment information.)

**Employer 2:**

Employer \_\_\_\_\_

Starting date \_\_\_\_\_

Street \_\_\_\_\_

Ending date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Starting salary \_\_\_\_\_

Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Final salary \_\_\_\_\_

Position title \_\_\_\_\_

Hours worked  
per week \_\_\_\_\_ Full time  Part time

Position duties (include number and types of people supervised) \_\_\_\_\_

Describe any promotions or new assignments during this employment \_\_\_\_\_

Name and job title of last supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer 3:**

Employer \_\_\_\_\_

Starting date \_\_\_\_\_

Street \_\_\_\_\_

Ending date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Starting salary \_\_\_\_\_

Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Final salary \_\_\_\_\_

Position title \_\_\_\_\_

Hours worked  
per week \_\_\_\_\_ Full time  Part time

Position duties (include number and types of people supervised) \_\_\_\_\_

Describe any promotions or new assignments during this employment \_\_\_\_\_

Name and job title of last supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EDUCATION**

Institution	City and State	Major	Minor	Type of Degree Received

**References**

List four persons, other than personal friends or relatives, who have knowledge of your work experience and/or education. ***Please include at least one person who has previously supervised your work.***

Name	Title	Mailing Address	Telephone
			home: work:
			home: work:
			home: work:
			home: work:

# Cornell Cooperative Extension Association Important Notices to Applicants

**Equal Opportunity/Affirmative Action Employer and Educator** Cornell Cooperative Extension is collaboration among Cornell University, the United States Department of Agriculture, the State of New York, and the residents of New York State. Per NYS Law, county and regional extension service associations are subordinate governmental agencies. This employment opportunity is with the entities listed and not with Cornell University.

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities. Individuals who bring a diverse perspective and are supportive of diversity are strongly encouraged to apply.

## **Diversity**

Cornell Cooperative Extension is solidly committed to diversity, equal opportunity and affirmative action in the development of its policies, programs, procedures and practices through its affiliation with Cornell University, and as a part of the national extension system through the United States Department of Agriculture.

CCE's mission, vision and values are well entrenched in the principles of diversity, equal opportunity and affirmative action, and provide the foundation from which we operate.

**Reference and Background Checking** Applying for a specific job authorizes Cornell Cooperative Extension to contact any of your schools, your current\* and former employers, or other references for the purpose of verifying information and/or obtaining an account of your education, work experience and skills. By applying for a job you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that a more extensive background check is part of the employment decision making process and you will need to sign any necessary disclosure and release forms including, but not limited to, an authorization form as part of the hiring process.

\* Please note that the point at which your prospective hiring supervisor will contact your employer may vary; however, this is most commonly done on a pre-employment basis usually after the initial interview. If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exist.

**Employment Eligibility Verification** All offers of employment by Cornell Cooperative Extension are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to or on your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (I-9 Form).

**Offers of Employment** Please be advised that Cornell Cooperative Extension will not be bound by offers or conditions of employment other than those made in official offer letters.

## **Applicant Statement**

I certify that I have read the above statements and understand their contents.

**Application Fraud & Misrepresentation** I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete and accurate and I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at CCE and is cause for immediate termination if employed.

**Disability Accommodation Available for Applicants** I understand that if I require an accommodation for a disability so that I may participate in the selection process I am encouraged to contact the Cornell Cooperative Extension (CCE) office where I am applying.

I hereby authorize investigation of all statements contained in this and other application documents. I understand that references contacted will not necessarily be limited to those indicated on this application. I authorize my former employers/schools and other individuals to release information relevant to my knowledge, skill, ability, experience, and suitability for the position for which I am applying. I further understand that employment with a Cornell Cooperative Extension association is "at will" in that I, or the employer, may terminate employment at any time or for any reason consistent with applicable state or federal law. By signing the statement, I willfully accept the terms listed above.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Voluntary Self-Identification of Race, Ethnicity and Veteran Status

*Cornell Cooperative Extension is committed to diversity, inclusiveness and a welcoming environment for its staff. Qualified individuals are considered for employment, and employees are provided equal opportunity, without regard to any legally protected status, including: age, race, creed, color, ex-offender status, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, or veteran status.*

To achieve our goal of a diverse workforce and to comply with EEO record keeping, reporting, and other legal requirements, we request that you complete a voluntary questionnaire. If you'd like more information about your EEO rights as an applicant under the law, please go to [http://www.eeoc.gov/employers/upload/eeoc\\_self\\_print\\_poster.pdf](http://www.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf)

**This form will be kept in a confidential file separate from your application for employment.** Qualified applicants are considered for employment without regard to race, color, religion, political beliefs, national or ethnic origin, gender, sexual orientation, age, marital or family status, veteran status, or disability. Refusal to provide this information will not subject you to any adverse treatment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **ETHNICITY**

- Hispanic or Latino *(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)*
- Not Hispanic or Latino
- I do not wish to provide this information

### **RACE** (select one or more)

- American Indian or Alaska Native. *(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)*
- Asian. *(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)*
- Black or African American. *(A person having origins in any of the black racial groups of Africa)*
- Native Hawaiian or Other Pacific Islander. *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- White/Caucasian. *(A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)*
- I do not wish to provide this information

### **GENDER IDENTIFICATION**

- Female
- Male
- I do not wish to provide this information

## Invitation to Self-Identify as a Veteran

Cornell Cooperative Extension and/or Cornell University 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:

A "disabled veteran" is one of the following:

- 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 a service connected disability.

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

An "active duty wartime or campaign badge veteran" means 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.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a 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 USERRA—the Uniformed 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.

**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.**

### VETERAN STATUS

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- identify as one or more of the classifications of protected veteran listed above I
- am not a protected veteran
- do not wish to provide this information

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 250-0005  
Expires 1/31/2017  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305 OMB

Control Number 1250-0005

Expires 1/31/2017

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## Reasonable Accommodation Notice

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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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*Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).*

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.