

## Congratulations on your contingent offer to work at Cornell Cooperative Extension Tompkins County!

Please complete and return the following paperwork after you have received a contingent job offer letter. We must receive these forms and complete your background screenings before we can send your official offer of employment.

### Which forms do I need to complete?

All applicants need to complete the Staff Screening Consent Form and the Personal Data and EEO Form. You may need to complete additional forms depending on your answers to the following questions:

|   |   |
|---|---|
| 1. I applied for this job online through the Workday system (aka, Cornell University County Extension Careers website). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure<br><i>If "no" or "not sure," you must fill out the Temporary Employment Application below.</i>       |
| 2. This job requires driving and/or a driving record check.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure<br><i>If "yes" or "not sure," you must fill out the Authorization to Check Driving Record below.</i> |

### How do I return my forms to Human Resources?

There are two options for completing your required paperwork.

- **Fill out online:** If you submit these forms online through Adobe Sign, they will be sent directly and securely to our HR team. [Fill out Contingent Offer Paperwork Online \(Adobe Sign\).](#)
- **Fill out on paper:** If you would prefer, you can fill out your forms on paper. To do so...
  - Print the forms at this link: <http://ccetompkins.org/hr-paperwork>
  - Complete and sign the forms, then put them in a sealed envelope labeled "For HR – Contingent Offer Paperwork".
  - Mail them or drop them off during CCETC office hours. Our office location and hours can be found on our website: <http://ccetompkins.org/>

**Do not email forms.** To ensure the security and confidentiality of your data, do not email these forms to HR or share them with your hiring manager. Instead, use one of the two methods above.

### How do I get help with these forms?

If you need help or an accommodation to complete these forms, please contact our HR team at [tompkins-hr@cornell.edu](mailto:tompkins-hr@cornell.edu) or (607) 272-2292.

**\*\* Screening Consent Form \*\***

**NYS Sex Offenders Registry Consent**

During the application process and at any time during the tenure of my employment with Cornell Cooperative Extension, I hereby authorize screening with the NYS Sex Offenders Registry.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\* For identification purposes only

**National Criminal History File Check Consent**

During the application process and at any time during the tenure of my employment with Cornell Cooperative, I hereby authorize First Advantage (Choice Point Services Inc.), on behalf of Cornell Cooperative Extension to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers, and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\* For identification purposes only

**California, Minnesota & Oklahoma Residents please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

☐ YES, I am a Minnesota resident and would like a free copy of my consumer report.

☐ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

☐ YES, I am a California resident and would like a free copy of my investigative consumer report.

**CA Residents please note:** In connection with your application for employment, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

☐ YES, I am a California resident and would like a free copy of my credit report

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**FOR OFFICE USE ONLY – Employer please note:** If consumer checks “YES” regarding the credit report, and you do request a credit report, please fax this form to your First Advantage (Choice Point) service center. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

**Helping you put knowledge to work.**

Cornell Cooperative Extension is an equal opportunity, affirmative action educator and employer.

## **BACKGROUND VERIFICATION DISCLOSURE**

As part of the employment process, Cornell Cooperative Extension will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The following Consumer Reporting Agency will prepare the report:

First Advantage (formally Choice Point) Services Inc.  
1000 Alderman Dr.  
Alpharetta, GA 30005

### *California Notice:*

*You have the right under Section 1786.22 of the California Civil Code to contact Choice Point during normal business hours to obtain your file for your review. You may obtain such information as follows:*

- 1. In person at First Advantage's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want Choice Point to disclose to or discuss your information with this third party, you may be required to provide a written statement granting Choice Point permission to do so.*
- 2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.*
- 3. By telephone, if you have previously made a written request and provided proper identification. Choice Point has trained personnel to explain any information that is furnished to you and to explain any information that is coded.*

### **Cornell Cooperative Extension Confidentiality Promise**

- Employment applications are directed to staff who will contact you about the position.
- Documents containing your social security and driver's license number, and reference letters will be kept in a locked file.
- The Criminal History File Check results, done by screening national databases, are ONLY accessible to the CCE Executive Director or Human Resources Manager. If a problem exists, they will contact you.
- Applications and screening documents are kept on file for a minimum of 3 years after the application is made or 6 years after termination of service to CCE whichever is longer.
- CCE does not release any mailing lists with employee information for any purpose unless required by law.
- As an employee for CCE, you may on occasion receive information about CCE programs.

*The following Article 23-A applies to positions in the State of New York only.*

**NEW YORK CORRECTION LAW ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



## **Motor Vehicle Record Request Permission Form**

I, the undersigned, give authorization for License Event Notification System (LENS), P. W. Wood and Son, Inc. or Intelli, on behalf of Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record, establish my eligibility to use company vehicles and/or transport program participants, and to monitor my driving record for possible issues that would make me ineligible to continue to perform these functions.

In order to fulfill our organizational purpose to educate NYS residents, LENS data will be used for a public purpose to allow CCE to maintain Public Safety and protect NYS residents and others on the roadways. LENS will send notification about the following events when they post to a drivers' license record:

- accidents (reportable)
- convictions
- expirations
- HazMat (Hazardous Material) endorsement changes
- MedCert (Medical Certification) status changes
- Point and Insurance Reduction Program completions
- license status changes
- suspensions and revocations

**\* PRINT OR TYPE ALL INFORMATION**

**Check one:**

**Applicant (IF HIRED: Please inform The Wood Office)**

**Current Employee**

**Volunteer ☐ I do not plan to drive as a Cornell Cooperative Extension volunteer.**

Name as it Appears on License: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

### **COOPERATIVE EXTENSION INFORMATION**

CCE Authorized Individual Name and Title\_\_\_\_\_

E-mail Address:\_\_\_\_\_

County Association: \_\_\_\_\_

CCE Authorized Individual Signature: \_\_\_\_\_

### **DETERMINATION (PW WOOD):**

PW Wood Authorized Individual Name and Title:\_\_\_\_\_

Check One Box:

Applicant Qualified To Drive

Applicant Not Qualified To Drive

Applicant Qualified To Drive Only Under the Following Circumstances:

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PW Wood Authorized Signature: \_\_\_\_\_

# Cooperative Extension Tompkins County

## **PERSONAL INFORMATION FOR TEMPORARY AND CASUAL HIRES**

**NAME** (EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD): \_\_\_\_\_

**CELL #** ( ) \_\_\_\_\_

**Device accepts text messages?** \_\_\_\_ Yes \_\_\_\_ No

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CURRENT OR RECENTLY GRADUATED CORNELL STUDENT:** \_\_\_\_ Yes \_\_\_\_ No

**IF APPLICABLE, PLEASE PROVIDE US WITH YOUR CORNELL NET ID:** \_\_\_\_\_

**HAVE YOU BEEN/ARE YOU NOW EMPLOYED AT CORNELL?** \_\_\_\_ Yes \_\_\_\_ No

**DEPARTMENT:** \_\_\_\_\_

**CURRENTLY EMPLOYED? TENTATIVE TERMINATION DATE IF APPLICABLE:** \_\_\_\_\_

### **EEO Information:**

The Equal Employment Opportunity Commission (EEOC) requires annual reporting for the administration of civil rights laws and regulations. Cornell Cooperative Extension (CCE) is subject to governmental recordkeeping requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CCE invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Since we are required to have this information in your record, for instances when employees do not self-identify, we will do our best to make a determination on your behalf.

**GENDER:** ☐ Male ☐ Female

**DATE OF BIRTH:** \_\_\_\_\_

☐ **Hispanic or Latino**

**RACE/ETHNICITY:** Please check any of the descriptions below corresponding to the ethnic/racial group with which you identify.

☐ **American Indian or Alaska Native**

☐ **Asian**

☐ **Black or African American**

☐ **Native Hawaiian or Other Pacific Islander**

☐ **White**

**Date completed:** \_\_\_\_\_

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

To apply for a temporary position, complete the entire application. Sign the completed application. If you need additional space please attach a supplemental sheet.

**Applicants for regular, non-temporary positions must apply online via Workday ([www.workday.cornell.edu](http://www.workday.cornell.edu)).**

### GENERAL

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| NAME (LAST)  |  | (FIRST)  | (MIDDLE)   | DATE OF APPLICATION  |  |
| CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  |  | DAYTIME TELEPHONE  | EVENING TELEPHONE  |  |
| ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM CURRENT ADDRESS   |  |  | CELL PHONE   | EMAIL ADDRESS  |  |
|  |  |  | Text Enabled? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| ARE YOU 18 YEARS OF AGE OR OLDER?  | HAVE YOU EVER WORKED, VOLUNTEERED OR INTERNEED FOR CCE?  | CCE PREVIOUS AFFILIATION (INCLUDE ASSOCIATION, TITLE, DURATION, AND REASON FOR LEAVING, ETC.)                      |  |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If no, you will be required to provide valid working papers prior to employment.) | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If yes, please describe in the box to the right.) |  |  |  |  |
| Is your eligibility to work in the United States based upon an employment visa?  |  | If your employment will require a visa, please indicate the type of visa you current hold and the expiration date: |  | Will you now or in the future require sponsorship to be eligible to work in the United States? |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                       |  |

### POSITION

|                       |                |
|-----------------------|----------------|
| POSITION APPLYING FOR | DATE AVAILABLE |
|                       |                |

### WHERE DID YOU LEARN OF THIS POSITION OPENING

|  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> Newspaper                     | SPECIFY | <input type="checkbox"/> State Employment Office | SPECIFY |
| <input type="checkbox"/> School/ Career Center         | SPECIFY | <input type="checkbox"/> Internet                | SPECIFY |
| <input type="checkbox"/> Cornell Cooperative Extension | SPECIFY | <input type="checkbox"/> Other                   | SPECIFY |

### 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        | <input type="checkbox"/> Other: _____                      |

EXPERIENCE RELEVANT TO THIS POSITION (I.E. PROFESSIONAL, INTERNSHIPS, VOLUNTEER, COMMITTEE MEMBERSHIPS, 4-H MEMBER ETC.) AND NUMBER OF YEARS INVOLVED:

**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.**



**EMPLOYMENT RECORD** Please list previous employers, beginning with most recent

|   |                                       |   |                    |
|---|---------------------------------------|---|--------------------|
| 1   | EMPLOYER                              | START DATE  | END DATE           |
|   | STREET ADDRESS, CITY, STATE, ZIP CODE |   | PHONE              |
| POSITION TITLE  |                                       | POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED) |                    |
| DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT   |                                       |   |                    |
| HOURS WORKED PER WEEK   | SUPERVISOR NAME                       | SUPERVISOR TITLE  | REASON FOR LEAVING |
| _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME                                     |                                       |   |                    |
| MAY WE CONTACT YOUR PRESENT EMPLOYER?   |                                       |   |                    |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                       |   |                    |
| NOTE: If you are one of the final candidates, it will be necessary to confirm all of your previous employment listed. |                                       |   |                    |

|   |                                       |   |                    |
|---|---------------------------------------|---|--------------------|
| 2   | EMPLOYER                              | START DATE  | END DATE           |
|   | STREET ADDRESS, CITY, STATE, ZIP CODE |   | PHONE              |
| POSITION TITLE  |                                       | POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED) |                    |
| DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT                 |                                       |   |                    |
| HOURS WORKED PER WEEK   | SUPERVISOR NAME                       | SUPERVISOR TITLE  | REASON FOR LEAVING |
| _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                                       |   |                    |

|   |                                       |   |                    |
|---|---------------------------------------|---|--------------------|
| 3   | EMPLOYER                              | START DATE  | END DATE           |
|   | STREET ADDRESS, CITY, STATE, ZIP CODE |   | PHONE              |
| POSITION TITLE  |                                       | POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED) |                    |
| DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT                 |                                       |   |                    |
| HOURS WORKED PER WEEK   | SUPERVISOR NAME                       | SUPERVISOR TITLE  | REASON FOR LEAVING |
| _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                                       |   |                    |

**EDUCATION**

|             |             |       |       |                         |
|-------------|-------------|-------|-------|-------------------------|
| INSTITUTION | CITY, STATE | MAJOR | MINOR | TYPE OF DEGREE RECEIVED |
| INSTITUTION | CITY, STATE | MAJOR | MINOR | TYPE OF DEGREE RECEIVED |
| INSTITUTION | CITY, 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 | PRIMARY TELEPHONE<br><br>EMAIL |
| NAME | TITLE | MAILING ADDRESS | PRIMARY TELEPHONE<br><br>EMAIL |
| NAME | TITLE | MAILING ADDRESS | PRIMARY TELEPHONE<br><br>EMAIL |
| NAME | TITLE | MAILING ADDRESS | PRIMARY TELEPHONE<br><br>EMAIL |

## CORNELL COOPERATIVE EXTENSION ASSOCIATION IMPORTANT NOTICE 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.

**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.

**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) at 607-255-6120 or email at [cce.recruitment@cornell.edu](mailto:cce.recruitment@cornell.edu).

**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 U.S. Citizenship and Immigration 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.

**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.

### APPLICANT STATEMENT

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.

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

|           |      |   |
|-----------|------|---|
| SIGNATURE | DATE | RESUME ATTACHED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>Please note- application must be completed thoroughly, even if resume is attached. Incomplete applications will not be considered.</small> |
|-----------|------|---|