

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).

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 Text Enabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, you will be required to provide valid working papers prior to employment.)	HAVE YOU EVER WORKED, VOLUNTEERED OR INTERNEED FOR CCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please describe in the box to the right.)	CCE PREVIOUS AFFILIATION (INCLUDE ASSOCIATION, TITLE, DURATION, AND REASON FOR LEAVING, ETC.)
Is your eligibility to work in the United States based upon an employment visa? <input type="checkbox"/> YES <input type="checkbox"/> NO	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

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 providing equal program and employment opportunities in accordance with applicable laws.

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 _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING
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 _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING

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 _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING

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 EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL

CORNELL COOPERATIVE EXTENSION ASSOCIATION IMPORTANT NOTICE TO APPLICANTS

EQUAL OPPORTUNITY 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.

DISABILITY ACCOMMODATION AVAILABLE FOR APPLICANTS If you require an accommodation for a disability so that you may participate in the application or selection process, you are encouraged to contact the Cornell Cooperative Extension association associated with the job.

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