



## Part 5 Skills/Credentials

|                              |
|------------------------------|
| Language Skills (Optional):  |
| ID Badge Data (Credentials): |

## Part 6 Emergency Contact

|  |                       |
|--|-----------------------|
| <i>If needed, more than one contact may be listed. International faculty and staff please include a local contact.</i> |                       |
| Contact Name (Last, First):  | Contact Phone Number: |
| Relationship to employee (Optional):   |                       |
| Contact Name (Last, First):  | Contact Phone Number: |
| Relationship to employee (Optional):   |                       |

## Part 7 Prior NYS/RF Employment

|  |                          |                        |
|--|--------------------------|------------------------|
| Are you now or have you ever been employed by a New York State Agency or a State University of New York University: <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                        |
| If yes, Name of Agency/Campus:   | Start Date (MM/DD/YYYY): | End Date (MM/DD/YYYY): |
| Are you currently employed by the Research Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                        |
| Have you ever applied or attended Stony Brook University as a student? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                        |

## Part 8 Education

List most recent first

|                                |              |  |
|--------------------------------|--------------|--|
| Most Recent Diploma/Degree:    | Year Earned: | Major:                                 |
| School, University or College: |              | School Address (City, State, Country): |
| Diploma/Degree:                | Year Earned: | Major:                                 |
| School, University or College: |              | School Address (City, State, Country): |
| Diploma/Degree:                | Year Earned: | Major:                                 |
| School, University or College: |              | School Address (City, State, Country): |
| Diploma/Degree:                | Year Earned: | Major:                                 |
| School, University or College: |              | School Address (City, State, Country): |

## Part 9 Additional Documents Required for Appointment

|   |  |
|---|--|
| (Departments Please indicate additional information required from the employee) |  |
| Valid New York State Driver's License   | <input type="checkbox"/> Copy of Degree    |
| Valid NYS Commercial Driver's License   | Copy of License/Professional Certification |
| Other: _____  |  |

## Part 10 Certification

I certify the information, which I have provided, is complete and accurate to the best of my knowledge.

|                    |       |
|--------------------|-------|
| _____              | _____ |
| Employee Signature | Date  |