



Cold Spring Harbor Laboratory

APPLICATION FOR EMPLOYMENT

Cold Spring Harbor Laboratory, P.O. Box 100, One Bungtown Road, Cold Spring Harbor, N.Y. 11724-2201

Employment Application

Cold Spring Harbor Laboratory (CSHL) is an Equal Opportunity Employer / Affirmative Action Employer

Personal Data (Please print clearly or type)				Date:	
Last Name:		First Name:		Initial:	
Have you ever used another name? If yes, please provide other name(s):			If you have a private e-mail address, please provide it below:		
Current Address – Street (No P.O. Box)		City:	State	Zip	Telephone w/area code:
Has CSHL ever employed you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate dates of employment From: _____ To: _____ CSHL Employee # _____		Do you have any family members employed at Cold Spring Harbor Laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____			
What position are you applying for?			Desired Pay?		Availability?
If you are under the age of 18, do you have a valid Student Employment Certificate (Working Papers)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Applicants who answer "No" will not be disqualified for consideration and will be required to provide this certificate if employment is offered.</i>					

Education (You may be asked to provide transcripts and a waiver allowing access to educational records)

	Name, City and State	Degree	Major	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College (s)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School (s)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No

References (List professional references only)

Name	Title	Organization	Work Phone

Patents, Inventions and/or Publications

Need for Work Authorization: (Please answer the following questions only as instructed below.)

1. Are you currently authorized to work for any employer in the U.S. on a full-time basis? Yes No
2. If you are authorized to work for all employers in the US on a full-time basis, will you now or in the future require sponsorship for an employment-authorized visa status?
 Yes No

If you are offered employment by CSHL, you must complete and sign the I-9 form required by the U.S. Immigration and Naturalization Service no later than your first day of employment and provide documentation to verify your identity and eligibility to work in the U.S. within three (3) business days of your date of hire.

Employment Information

Employment History

List full-time, part-time, or voluntary work including military service, starting with the most recent position. Complete entirely - do not write, "See Resume." If necessary, please use additional paper. (Please print clearly or type.)

[1]	Employer:	If Contract/Temp. position, please list agency & address:	
	Address (city & state)	Telephone w/area code:	Type of Business:
	Date Started:	Starting Position:	
	Date Ended:	Ending Position:	
	Name and title of supervisor:		Reason for Leaving:
	Briefly describe your responsibilities:		
[2]	Employer:	If Contract/Temp. position, please list agency & address:	
	Address (city & state)	Telephone w/area code:	Type of Business:
	Date Started:	Starting Position:	
	Date Ended:	Ending Position:	
	Name and title of supervisor:		Reason for Leaving:
	Briefly describe your responsibilities:		
[3]	Employer:	If Contract/Temp. position, please list agency & address:	
	Address (city & state)	Telephone w/area code:	Type of Business:
	Date Started:	Starting Position:	
	Date Ended:	Ending Position:	
	Name and title of supervisor:		Reason for Leaving:
	Briefly describe your responsibilities:		
[4]	Employer:	If Contract/Temp. position, please list agency & address:	
	Address (city & state)	Telephone w/area code:	Type of Business:
	Date Started:	Starting Position:	
	Date Ended:	Ending Position:	
	Name and title of supervisor:		Reason for Leaving:
	Briefly describe your responsibilities:		
<p>Have you ever been found by an employer to have violated one of their policies? Examples of such violations include, but are not limited to, matters relating to research integrity, financial improprieties, misuse of technology or employer property, harassment or discrimination. If yes, please explain.</p>			
Please explain any gaps in your employment history of more than 90 days:		May we contact your present employer while you are currently employed?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do not contact Employer Number(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Reason(s):	

Authorizations, Agreements, Release and Acknowledgements

1. I understand that as a condition of any offer of employment that I will be required to sign the CSHL Conflict of Interest Disclosure, CSHL Invention Agreement, patent agreements and other intellectual property agreements. I understand that any employment offer will be contingent upon my agreeing to maintain confidentiality of all CSHL proprietary information and to assign to CSHL all rights in any invention (including computer software) covered by the CSHL Invention Agreement. I understand that all scientific reagents, materials and records, including copies, are property of CSHL and may only be taken upon prior written consent of CSHL. If employed, I agree to sign an appropriate agreement further embodying these conditions.
2. I understand that acceptance of any offer of employment does not create a contractual obligation of CSHL, expressed or implied, to continue to employ me in the future. I further understand that my employment shall be "at-will," and may be terminated at any time, with or without cause and without prior notice either by CSHL or myself. Any prior or other agreements to the contrary are hereby superseded. I further understand that should I become employed, the at-will nature of my employment cannot be modified, except by a written agreement signed by the President of CSHL. In addition, I agree that the terms and conditions of my employment, including compensation, can be changed at any time for any reason at the option of CSHL.
3. I consent to take any pre or post-employment examinations permitted by applicable law as may be required by CSHL, including medical and physical, and release CSHL from any liability that may arise from such examinations.
4. I give permission to CSHL to verify all information I have provided on this application. By signing below, I confirm that all information provided by me to CSHL, in any form, is to the best of my knowledge, true, correct and complete. I also understand that any misrepresentation made by me to CSHL or failure to disclose information requested on the application will exclude me from further consideration as a candidate for employment or advancement, and may result in my dismissal, if I am hired or advanced by CSHL before such misrepresentation or omission is identified.

I hereby certify that I have read and understand the foregoing disclosures, releases, agreements and acknowledgements:

Applicant Signature

Date

Cold Spring Harbor Laboratory is an Equal Employment Opportunity Employer, and does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, marital status, gender identity or expression, genetic information, disability, veteran status, citizenship status, or any other factors prohibited by applicable law. Cold Spring Harbor Laboratory takes affirmative action in support of its policy to employ and advance in employment individuals who are minorities, women, protected veterans, and individuals with disabilities.

Referral Source

- Advertisement Internet (site) _____ Other _____
 Employment Agency CSHL employee referral (name) _____



VOLUNTARY APPLICANT/EMPLOYEE SELF IDENTIFICATION

Name _____ Date _____
Last First Middle

Address _____
Number and Street

City County State Zip Code

Cold Spring Harbor Laboratory is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Cold Spring Harbor Laboratory invites you to voluntarily self-identify your sex, ethnicity, and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that 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. If you do not wish to furnish this information, please initial in the section below.

Please check the appropriate boxes:

Sex Female
 Male

Ethnicity* - Are you Hispanic or Latino?

Yes
 No

Race * - What race/races do you consider yourself to be? Check only one.

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan
- Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

* Definitions of ethnicity and race categories are on the reverse of this form.

Please initial below only if you do not wish to furnish the above information.

I do not wish to furnish this information. _____
Initials

Applicant or Employee Signature:

Date

For HR Use Only Employee # _____

RACE/ETHNIC CATEGORIES

Ethnicity

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race

White (Not Hispanic or Latino) – A persons having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A persons 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.

American Indian or Alaska Native (Not Hispanic or Latino) - A persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.