

Office of Job Location & Development

Student Data Form

This form can be used by students to register with the SUNY ESF JLD Program. Please provide the requested information and mail, fax, or e-mail the form to the following address:

**Job Location & Development Program
Financial Aid Office, 115 Bray Hall
SUNY College of Environmental Science and Forestry
1 Forestry Drive, Syracuse, NY 13210
Fax (315) 470-4734, E-mail mjhill@esf.edu**

Please provide the following information:

Name: _____ **Social Security Number:** _____ - _____ - _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Phone: () - _____ **Permanent Phone:** () - _____

Date of Birth: ____ / ____ / ____ **Class Level:** ☐ First-Year ☐ Sophomore ☐ Junior ☐ Senior

Driver's License? ☐ Yes ☐ No **Own a Car?** ☐ Yes ☐ No **Access to a Car?** ☐ Yes ☐ No

1st Choice of Work Desired: _____

2nd Choice of Work Desired: _____

3rd Choice of Work Desired: _____

Number of Desired Weekly Hours: _____ **- OR -** **Amount of Desired Weekly Pay:** _____

Special Skills: _____

Additional Comments or Notes: _____

(Continued on next page)

Please list your most recent employment experiences:

	<u>FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>POSITION</u>
1.				
2.				
3.				

Please list references (preferably former employers or faculty; be sure to ask permission before listing):

	<u>NAME</u>	<u>POSITION</u>	<u>PHONE</u>
1.			() -
2.			() -
3.			() -

Please indicate the duration of your availability. Your registration will remain active until the end date or we are notified that you are no longer available. If no end date is indicated your registration will remain active until the end of the first academic session following the start date. End dates are the end of the indicated academic term.

Start Date: _____ End Date: ☐ Fall 200____ ☐ Spring 200____ ☐ Summer 200____

As a participant in the SUNY ESF Job Location and Development Program, I understand that:

- ☐ I authorize the Office of Job Location and Development to maintain the information provided on the Student Data Form.
- ☐ I authorize the Office of Job Location and Development to release the information provided on the Student Data Form to all prospective employers and appropriate SUNY ESF administrative offices.
- ☐ I agree to immediately report job(s) acquired, either directly or indirectly, through the Job Location and Development Program.
- ☐ I agree to submit written earning reports to the Office of Job Location and Development. These reports will be done on a monthly basis or upon termination of employment, whichever comes first.
- ☐ Failure to complete job and earning reports will result in the loss of eligibility to participate in the Job Location and Development Program in the future.

Signature: _____ Date: _____

E-mail Address: _____

*****Remember to submit employment and earning reports to the Office of Job Location and Development.*****

*****Forms to assist with these reports are available in 113 – 115 Bray Hall, or on the Internet at
<http://www.esf.edu/students/financial/jld.htm>*****