

# **EXHIBIT 31**



THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

WELCOME to The Research Foundation of State University of New York, a private nonprofit educational corporation. We appreciate your interest in our organization. We invite your cooperation in providing all the information requested on this employment application. Thank you.

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Personnel are chosen on the basis of ability without regard to R Color, Religion, Sex, Age, National Origin, Disability, Marital Status, or Sexual Orientation, in accordance with Federal and State Law. Veterans are assured of non-discriminatory treatment.

INVITATION FOR SELF-IDENTIFICATION Disabled individuals and veterans who wish to benefit under the affirmative action program are invited to identify themselves. Self-identification forms are available at the location listed below. This information is strictly voluntary and will be kept confidential. Refusal to provide it will subject the applicant or employee to any adverse treatment, and it will be used only in accordance with government regulations.

PLEASE RETURN COMPLETED APPLICATION TO:

POSITION APPLIED FOR: ASSISTANT DIRECTOR FEDERAL RELATIONS DEPARTMENT/OFFICE: SUPPLY RESEARCH FOUNDATION

NAME: BRUNO SUSAN M (Last) (First) (Middle Initial) (Social Security Number) REDACTED

ADDRESS: (Number & Street) (City) (State) (Zip Code) REDACTED TELEPHONE NO:

Do you have the legal right to accept employment in the United States? [X] Yes [ ] No Are you under 18? [ ] Yes [X] No

Proof of identity and either U.S. Citizenship or employment authorization are required prior to employment. Have you ever been employed by The Research Foundation of State University of New York? [ ] Yes [X] No

If yes, please explain:

Have you ever been convicted of any crime (felony or misdemeanor)? If yes, please give specifics:

A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits relation to the duties and responsibilities of the position for which you are applying.

MY RESUME WITH EMPLOYMENT HISTORY IS IS NOT ATTACHED. (Circle One)

If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer, on the reverse side of this application or on additional sheets. The name, address, and telephone number of three references must be provided.

I hereby authorize investigation of all statements contained in this application and attached data as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form may be cause for termination of employment without notice. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the Research Foundation.

A pre-employment examination by a Research Foundation designated physician will be required if physical condition is a job-related qualification required by law.

I also agree, if employed, to abide by all policies and regulations of the Research Foundation.

I understand that if hired by the Research Foundation, my employment is terminable at will, with or without cause, based on the employment needs of the Research Foundation as it may determine in its sole discretion.

Applicant's Signature: Susan M Bruno Date: 5/19/2008 CONFIDENTIAL RF00133

**EDUCATION**

HIGH SCHOOL:	(NAME AND LOCATION) <u>Baitt Hill Central, Troy, NY</u>	COURSE:	GRADUATE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS OR TRADE SCHOOLS:	(NAME AND LOCATION) <u>Manfred Real Estate School</u>	COURSE:	GRADUATE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL SKILLS OR TRAINING:	<u>RHREN School of Design</u>	LICENSES HELD:	
COLLEGE:	(NAME AND LOCATION) <u>SUNY Cobleskill, Horticulture</u>		
DEGREE:	MAJOR	YEAR GRADUATED	
GRADUATE SCHOOL (NAME AND LOCATION)			
DEGREE:	MAJOR	YEAR GRADUATED	

**EMPLOYMENT**

LIST YOUR EMPLOYMENT RECORD STARTING WITH YOUR PRESENT OR LAST EMPLOYER FIRST. SHOW ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IF MORE THAN ONE MONTH. INCLUDE MILITARY SERVICE. USE ADDITIONAL SHEETS IF NECESSARY.

DATE FROM:	MONTH	YEAR	EMPLOYER'S NAME	DEPARTMENT, DIVISION OR SECTION		
TO:	MONTH	YEAR	ADDRESS	SUPERVISOR	TELEPHONE NO.	
TITLE:				STARTING SALARY	LAST SALARY	

DESCRIBE THE DUTIES OF YOUR POSITION:

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REASON FOR LEAVING:	Salary desired in position you are applying for:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DATE FROM:	MONTH	YEAR	EMPLOYER'S NAME	DEPARTMENT, DIVISION OR SECTION		
TO:	MONTH	YEAR	ADDRESS	SUPERVISOR	TELEPHONE NO.	
TITLE:				STARTING SALARY	LAST SALARY	

DESCRIBE THE DUTIES OF YOUR POSITION:

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REASON FOR LEAVING:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**REFERENCES**

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

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