



Student On-Campus Employment Program

Date of Application

Month	Day	Year

Position

Title	Department
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Days/hours available to work:

General Information

Last Name	First Name	Middle
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Address

City	State	Zip Code
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Home Phone	Message Phone	Email
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Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for Work/Study? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed	Campus	Department	Position
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Do you have any relatives employed by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Campus	Department	Relationship
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Have you ever been convicted of a criminal offense by any court? Yes No

This includes any offense where you were found guilty, pled guilty or pled nolo contendere. You may omit:

- traffic violations for which the fine imposed was \$300.00 or less;
- conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or
- any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses.

If you answer "yes", please list the dates, places, and specific offense(s) on this form. A conviction will not necessarily disqualify you from consideration for employment.

Education

Name of School	Location	No. of Units Completed	G.P.A.	Degree or Diploma	Major	Minor

Current course of study:

Language Ability

Answer if the position you are applying for requires proficiency in language(s).

English	Speak	Read	Write	Other	Speak	Read	Write
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Employment Record

List your present or most recent employer first, include major volunteer experience. Describe senior project, if appropriate.

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
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Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Authorization

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for separation.

Applicant's Signature

Date