

UNIVERSITY-STUDENT UNION

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Administrative Office

5154 State University Drive, Room U-SU 306 Los Angeles, CA 90032

Full-Time Staff

Application for Employment

The University-Student Union is an Affirmative Action/Equal Opportunity Employer; applicants will be considered without regard to their race, color, religion, marital status, national origin, sex, age, pregnancy, sexual orientation, disability, or other status protected by state or federal regulation within the limits imposed by law.

Please complete the entire application form, taking care to provide all information requested including salary history, employment dates, and a summary of duties performed for each job listed. A resume may be attached, but will be considered as supplemental only, and not as a replacement for information requested on the application. Failure to provide sufficient information, which shows evidence of meeting minimum qualifications, will result in disqualification or nonconsideration.

General Information (Please Type or Print)

Date:	Position Applying For:		
Name: Last, First, Middle	Telephone (Include Area Code)		
	()		
Address: Number, Street, Apartment/Space Number	Cell phone (Include Area Code)		
	()		
City, State, Zip Code	May we contact you at work? Yes [] No []		
Are you currently enrolled as a student at CSULA? Yes [] No []	Are you now or have you ever been employed by the University-Student Union, CSULA? Yes [] No [] If so, when?		
Do you have any relatives who are employed by Name	Relationship Department		
the University-Student Union, CSULA? Yes [] No []			
Are you able to perform the essential functions of the job for which you Yes[] No[] If no, describe the functions that cannot be performed			
Have you been convicted for any offense, other than minor traffic viola (Complete if position requires driving)	tions or juvenile offense? Yes [] No []		
Have you been dismissed from employment? If yes, please explain Yes [] No []			
Please list the current licenses/certificates held, professional achieveme	nts/publications.		

Employme	nt		

Resumes may be included but this employment portion of the application must be filled in completely.

List your entire work record. Begin with your present job and list in reverse order. Include self-employment in excess of one month as a separate period. List each promotion as a separate job. Please account for all work history. Attach additional sheets as necessary. Include military or volunteer experience.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes [] No [] Later []

Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr.	Address, City, State, Zip Code	
Mo. Yr. Hours per	Supervisor's Name and Job Title	Your Job Title
Week Last Salary:	Describe Your Duties:	
Per:	Reason for Leaving:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr.	Address, City, State, Zip Code	
Mo. Yr. Hours per	Supervisor's Name and Job Title	Your Job Title
Week Last Salary:	Describe Your Duties:	
Per:	Reason for Leaving:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr.	Address, City, State, Zip Code	
Mo. Yr. Hours per	Supervisor's Name and Job Title	Your Job Title
Week	Describe Your Duties:	
Salary:		
Per:	Reason for Leaving:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr.	Address, City, State, Zip Code	
Mo. Yr. Hours per	Supervisor's Name and Job Title	Your Job Title
Week Last Salary:	Describe Your Duties:	
<u> </u>	Pengan for Laguing:	
Per:	Reason for Leaving:	

Education				
Name and Address of High School Attended	ame and Address of High School Attended Major Course of Study		Did you Graduate? Yes [] No []	
College or University Education Name and Address of Institution	Major	Number of Years Completed	Certificate/ Diploma/Degree	
List appropriate courses for this position an listed above:	nd any other education, cour	rses, certificates, sen	ninars, etc. not	
List all your computer and software experie	ence:			
	ify any skill, knowledge or ability of your application.	y related to this position v	which would assist in the	

References List a minimum of THREE Name	Occupation/Title	Telephone Number
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		
Name	Occupation/Title	Telephone Number
Address, City, State, Zip Code		
The Immigration Reform and Control Act every new employee which confirms ide		
This requirement applies to both United St	ates citizens and aliens. Can you provide	
of employment? YES [] NO		
This information may be used only for the	purpose of employment in accordance wi	th the Information Practices Act of 1977.
I hereby certify that the information co	entained in this application form is tr	ue, complete and correct to the best of m
		Student Union unless I have indicated to th
		lescribed in this application to release to th
		employment (including, but not limited to ey may have. Further, I release all parties an
persons from any and all liability for any	damages that may result from furnishin	ng such information to the University-Studen
		Student Union or any of its agents, employee ial omission of information on this application
may result in my failure to receive an offer	<u> </u>	
Applicant's Signature		Date