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### ASSOCIATED STUDENTS

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Associated Students, SJSU is a non-profit corporation that provides quality services, programs, products and resource which support and strengthen San José State University's mission of instruction, research and public service.

#### *An Equal Opportunity Employer*

It is the policy of A.S. to treat all staff and applicants for employment in a fair and equitable manner in all its relations, without regard to age, color, disability, gender, marital status, medial condition, national origin, pregnancy, race, religion, sex, sexual orientation, veteran status, and any other area protected, or which may become protected, under state or federal law or campus policy.

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### INSTRUCTIONS

- 1) Applications for the posted vacancies must be received no later than the closing date.
- 2) Print in blue or black ink or type.
- 3) Indicate the job title and reference number for which you are applying on the top of this application form.
- 4) All sections of the application must be completed.
- 5) Applications are evaluated on the basis of information provided. Failure to provide sufficient information that shows evidence of meeting minimum qualifications will result in disqualification.
- 6) Please mail original to:

**Associated Students, SJSU  
Attn: Committee Search Chair  
One Washington Square  
San Jose, CA 95192-0128**

**Ref: (Job Position Title)**



# Application for Employment

<b>EMPLOYMENT DESIRED</b>	
Position applying for:	A.S. Department:
Years of related experience:	Minimum salary requirement: _____ per hour/month

<b>GENERAL INFORMATION</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:				
Street Address:		City:	State:	Zip:
Home Phone Number:		Work Phone Number:		Cell Phone Number:
Email Address:				
Best place and time to contact you: <input type="checkbox"/> Home:      a.m.      p.m. <input type="checkbox"/> Work      a.m.      p.m.				
Date Available To Work:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Please check: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings) <input type="checkbox"/> Temporary (Please indicate dates available:   From: ___/___/___   To: ___/___/___ )		
Have you ever been employed at A.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		If “yes”, in what department:  Dates:		
Do you have a relative(s) working for A.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If “Yes” state name, relationship and department				
Name:		Relationship:		Department:
<b><i>In accordance with the Immigration Reform and Control Act of 1986, proof of employment eligibility and identification are required at time of hire.</i></b>				
Are you currently authorized to work in the United States:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If “No”, please state your current immigration status:	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If “No”, a work permit is required at time of employment.	
If selected for employment, are you willing to be fingerprinted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If “No”, please discuss with HR before completing this application.	
Have you ever been dismissed from employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, please explain:	

***We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.  
Hire may be subject to passing a medical examination, and to skill and agility tests.***

Can you perform the essential functions of this position with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What kind of accommodations could A.S. provide to enable you to perform the functions of this position?
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**EDUCATION AND TRAINING**

<i>Educational Institution</i>	<i>Name and Address of Educational Institution</i>	<i>Course of Study</i>	<i>No. of Years Completed</i>	<i>Diploma / Degree / Certificate</i>
High School				
Undergraduate College				
Graduate/Professional				
Other				

**SPECIALIZED SKILLS**

***Indicate all computer hardware and operating systems with which you are proficient:***  
 DOS  Macintosh  Windows  Unix  Other:

***Indicate all computer skills/software applications with which you are proficient and indicate your level  
1= Expert, 2= Competent, 3= Some experience, 4= No experience***

Word Processing:	<input type="checkbox"/> MS Word	<input type="checkbox"/> Other	Skill Level:
Spreadsheet:	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Other	Skill Level:
Database:	<input type="checkbox"/> MS Access	<input type="checkbox"/> FileMaker Pro <input type="checkbox"/> PeopleSoft <input type="checkbox"/> Other	Skill Level:
Desktop Publishing:	<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> PageMaker <input type="checkbox"/> Other	Skill Level:
Programming:	<input type="checkbox"/> HTML	<input type="checkbox"/> Other	Skill Level:
Web Browsing:	<input type="checkbox"/> MS Internet Explorer	<input type="checkbox"/> Netscape <input type="checkbox"/> Email <input type="checkbox"/> Other	Skill Level:
Calendar Program:	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Google Calendar <input type="checkbox"/> Other	Skill Level:

***Clerical and secretarial applicants only***

Typing Speed: _____ WPM	<input type="checkbox"/> Ten key by touch	Experience: _____ Years
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All applicants please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Languages you speak, read or write fluently in addition to English: \_\_\_\_\_

Are you licensed/certified for the job applied for if listed as requirement on job announcement?  Yes  No

If yes, describe \_\_\_\_\_

## QUALIFICATION SUMMARY

In written format/paragraph, briefly describe how your experience, training, skills, knowledge and abilities qualify you for this position in the space below or a separated sheet.

## MILITARY SERVICE

Branch of Service: \_\_\_\_\_ Period of Active Duty: \_\_\_\_\_ To \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_  
 Have you obtained any special skills or abilities as the result of service in the military?.....  Yes  No  
 Describe: \_\_\_\_\_

## EMPLOYMENT HISTORY

*A resume may accompany this form but will not be accepted in lieu of completion of ANY SECTION of this form.*  
 List below all present and past employment starting with your most recent employer. Account for all periods of unemployment.  
 Military or volunteer experience, if job-related, may be included.

Name of Current or Last Employer:	From (Month/Year)	To (Month/Year)	Work Performed
Telephone Number:			
Address:			
Job Title:	Base Salary		
	Starting	Final	
Supervisor's Name:			Reason for Leaving
Supervisor's Title:	Hours Worked per Week		
Supervisor's Telephone Number:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer:	From (Month/Year)	To (Month/Year)	Work Performed
Telephone Number:			
Address:			
Job Title:	Base Salary		
	Starting	Final	
Supervisor's Name:			Reason for Leaving
Supervisor's Title:	Hours Worked per Week		
Supervisor's Telephone Number:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer:	From (Month/Year)	To (Month/Year)	Work Performed
Telephone Number:			
Address:			
Job Title:	Base Salary		
	Starting	Final	
Supervisor's Name:			Reason for Leaving
Supervisor's Title:	Hours Worked per Week		
Supervisor's Telephone Number:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer:	From (Month/Year)	To (Month/Year)	Work Performed
Telephone Number:			
Address:			
Job Title:	Base Salary		
	Starting	Final	
Supervisor's Name:			Reason for Leaving
Supervisor's Title:	Hours Worked per Week		
Supervisor's Telephone Number:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**CRIMINAL HISTORY**

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered on its individual merits.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor), which resulted in incarceration?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state date of conviction, felony or misdemeanor, location of conviction, describe nature of offense.
<i>Date of Conviction</i>	<i>Felony or Misdemeanor</i>	<i>Location of Conviction</i>	<i>Describe Nature of Offense</i>
A.S. reserves the right to carry a criminal background investigation on all finalists. Do you agree with this?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", please explain:

**REFERENCES**

List at least four persons not related to you who can attest to your professional abilities and character including your current and/or last supervisor.

<i>First &amp; Last Name</i>	<i>Phone Number/E-Mail</i>	<i>Title</i>	<i>Relationship</i>	<i>Number of Years Acquainted</i>

## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ *I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.*

\_\_\_\_\_ *I hereby authorize Associated Students, SJSU to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.*

\_\_\_\_\_ *I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.*

\_\_\_\_\_ *I understand that this application is not, and is not intended to be, a contract of employment. It is understood that any employment relationship with Associated Students, SJSU is terminable at will by the employee or the Associated Students.*

\_\_\_\_\_ *In the event of employment, I understand that I will be required to produce proof of my identity and proof of my legal authority to work, within 3 business days of hire. I agree to provide appropriate documentation to the Associated Students. I also understand that I am required to fill out and sign all papers required by a new employee and abide by present and future Associated Students rules and regulations.*

\_\_\_\_\_ *Persons applying for positions with the Associated Students, SJSU are not applying for employment with the State of California or the California State University system.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**Equal Employment Opportunity Data**

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To be completed by applicant:

\_\_\_\_\_ Application Date

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if this company hires you.

Name: \_\_\_\_\_

SS# \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Department: \_\_\_\_\_

Sex:             Male     Female

Ethnicity:     American Indian/Alaskan Native  
                  Asian/Pacific Islander  
                  Black  
                  Hispanic  
                  White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran                       Other Veteran (see reverse for description)  
 Disabled Veteran                             Individual with a Disability

Method of referral for employment at Associated Students, SJSU:

A.S. Employee                                 SJSU Employee  
 Newspaper advertisement                 Auxiliary Job Announcement  
 Internet     Employment Agency  
 Friend/Relative                                 Other \_\_\_\_\_