

## STUDENT APPLICATION

### Application for California State University San Bernardino, Students

An Affirmative Action, Equal Opportunity, Title IX, Rehabilitation Act of 1973 Employer

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_  
 Department/Grant: \_\_\_\_\_

#### General Information (Please type or Print)

Name: Last, First, Initial	Home Telephone (Include Area Code)				
	Cell Phone Number:				
Permanent Address: Number, Street, Apartment/Space Number	Work Telephone (Include Area Code)				
City, State, Zip Code	E-Mail:				
Local Address (if applicable): Number, Street, Apartment/Space Number	May we contact you at work? Yes No				
City, State, Zip Code					
Can you submit proof of age at time of employment? Yes No	If hired, can you submit verification of your legal right to work in the United States? Yes No				
If selected for employment are you willing to be fingerprinted? Yes No	If hired, on what date can you start? _____				
	I am currently enrolled in _____ units for _____ qtr. at CSUSB				
Have you worked under another name? Yes No If yes, please state name to facilitate background check.	Are you now or have you ever been employed by the Foundation for CSUSB or UEC? Yes No If so, when?				
Are you currently employed on campus or by CSUSB? Yes No	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Department</td> <td style="width: 25%; border: none;">Supervisor</td> <td style="width: 25%; border: none;">Contact Number</td> <td style="width: 25%; border: none;"># of Hours per Week</td> </tr> </table>	Department	Supervisor	Contact Number	# of Hours per Week
Department	Supervisor	Contact Number	# of Hours per Week		
Do you have any relatives who are employees of University Enterprises Corp. at CSUSB? Yes No	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Name:</td> <td style="width: 30%; border: none;">Relationship:</td> <td style="width: 40%; border: none;">Department:</td> </tr> </table>	Name:	Relationship:	Department:	
Name:	Relationship:	Department:			
<b>Clerical/Secretarial Applicants Only:</b> Other skills:	Typing Speed _____ CWPM      Shorthand Speed _____ CWPM				
Have you ever been dismissed from Employment? Yes No	If yes, please explain.				
Have you served in the U.S. Armed Forces? Yes No	Summarize experience relevant to the position for which you are applying.				
Current licenses or certificates held (specify kind and expiration date).	For those positions which require driving, do you have a valid driver's license? Yes No If yes, please give the number. _____ State _____				

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## Employment

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

List your work record for the past 10 years. Begin with your present job and list in reverse order. Include self employment. List each promotion as a separate job. Volunteer experience considered. If you need additional space, please attach a separate sheet of paper.

May we contact your present employer? Yes      No

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Dates of Employment	Name of Employer or Company	Telephone Number
From: _____ Mo.    Yr.	_____ Address, City, State, Zip Code	_____
To: _____ Mo.    Yr.	_____ Supervisor's Name and Job Title	_____ Your Job Title
	_____ Describe Your Duties:	_____
	_____	_____
	_____ Reason for Leaving:	_____

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Dates of Employment	Name of Employer or Company	Telephone Number
From: _____ Mo.    Yr.	_____ Address, City, State, Zip Code	_____
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	_____ Describe Your Duties:	_____
	_____	_____
	_____ Reason for Leaving:	_____

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## Education

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Name and Location of School (City and State)	Major	Number of Years Completed	Certificate/Diploma/ Degree
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High School (Last Attended)

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College/University

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College/University

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College/University

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Business or Technical School

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Business or Technical School

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**List appropriate courses for this position and any other education, courses, certificates, seminars, etc. not listed above:**

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**Additional Qualifications-** List any qualities you feel have a special bearing on your fitness for this position.

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## References

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List **THREE** people, not related to you, who can attest to your professional abilities and character.

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Name	Occupation	Telephone Number
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Address, City, State, Zip Code

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Name	Occupation	Telephone Number
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Address, City, State, Zip Code

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Name	Occupation	Telephone Number
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Address, City, State, Zip Code

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**The Immigration Reform and Control Act of 1986, Public Law 99-603, requires that employers obtain documentation from every new employee which confirms identity and authorizes that individual to accept employment in this country. This requirement applies to both United States citizens and aliens. Can you provide the necessary documentation at the start of employment? YES NO**

**This information may be used only for the purpose of employment in accordance with the Information Practices Act of 1977.**

**I hereby certify that all information contained in this application is true, complete and correct to the best of my knowledge and belief. I authorize the individuals described in this application to release to University Enterprises Corporation at CSUSB (UEC) any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to UEC as well as from the use of disclosure of such information by UEC or any of its agents, employees, or representatives. I understand that any omission or falsification of material fact on this application shall be grounds for rejection of this application or may be considered cause for termination.**

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**Applicant's Signature**

**Date**