

Santos Manuel Student Union

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO



Application for Management/Support Staff Employment

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

Date: _____ Position Applying For: _____

Department: _____

RETURN COMPLETED APPLICATION TO CSUSB HUMAN RESOURCES DEPT., 5500 UNIVERSITY PKWY., SAN BERNARDINO, CA 92407, SIERRA HALL, ROOM 110, (909) 537-5138

General Information (Please Type or Print)

Name: Last, First, Middle Initial		Home Telephone #: (Include Area Code)	
Address: Number, Street, Apartment/ Space Number		Cell Telephone #: (Include Area Code)	
City, State, Zip Code		Work Telephone #: (Include Area Code)	
Email Address		May we contact you at work?	
Do you wish to have a copy of public record background check in accordance with Information Practices Act, Civil §1798, <i>et seq.</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No http://www.ftc.gov/os/statutes/ftcrajump.htm		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you submit proof of age at time of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If selected for employment, are you willing to have a physical exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If selected for employment, are you willing to be fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently enrolled as a student at CSUSB? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, on what date can you start?	
Have you worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name to facilitate background check.	Are you now or have you ever been employed by the SMSU of CSUSB? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		
Do you have any relatives who are employees of the SMSU of CSUSB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Relationship	Department

Clerical/Secretarial Applicants Only:

Typing Speed: _____ CWPM	Short Speed: _____ CWPM	Other Skills:
Have you ever been dismissed from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Have you ever been convicted of a felony? A conviction will not necessarily disqualify you from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize experience relevant to the position for which you are applying:	
Current licenses or certificates held (specify type and expiration date):	For those positions which require driving, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the number: _____ State: _____ Expiration Date: _____	



**APPLICANT DATA FLOW-AFFIRMATIVE ACTION
(CONFIDENTIAL)**

Dear Applicant,

California State University, San Bernardino is an Affirmative Action Employer and is required to maintain statistics on all applicants. This data is for statistical purposes only and has no bearing on applicant selection. It is maintained separately from the application for employment and is not available to hiring departments. While your reply will be most helpful to us in carrying out our administrative responsibilities, return of this form is entirely voluntary. Thank you for your cooperation!

Name: _____

Position applied for: _____ Job Code: _____

Department: _____

SEX: Male Female

ETHNICITY: Please check the box corresponding to the ethnic origin with which you most closely identify. Check One box only.

- 1 Black- Person of Black African descent.
- 2 Asian- Person of Japanese, Chinese, Korean, Vietnamese, Asian Indian, Thai or similar descent other than Pacific Islander or Filipino.
- 3 Other- Non-White
- 4 Hispanic- Person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish descent.
- 5 White (Not Hispanic)- Person of European, North American or Middle Eastern descent.
- 6 Pacific Islander- Person of Hawaiian, Samoan, Guamanian, Plynesian, Fiji or Tahitian descent.
- 7 Native American- Person of American Indian, Eskimo, or other ethnicity indigenous to regions of North America.
- 8 Filipino- Person of Filipino descent.
- 9 Unknown.

VETERAN STATUS:

Veteran? Yes No **Disabled Veteran?** Yes No

Vietnam Veteran? Yes No

Do you have any condition or disability that would qualify you as a disabled person? Yes No

Have you even been an employee of CSUSB? Yes No

REFERRAL SOURCE:

- | | | |
|---|--|---|
| <input type="checkbox"/> CSUSB Job Vacancy List | <input type="checkbox"/> Newspaper Ad | Which Source? _____ |
| <input type="checkbox"/> Job Hotline | <input type="checkbox"/> Internet: | Publication? _____ |
| <input type="checkbox"/> Referral | <input type="checkbox"/> HRWebsite | <input type="checkbox"/> Monster.com <input type="checkbox"/> CSU Careers |
| Employee/Friend: _____ | <input type="checkbox"/> Careerbuilder | <input type="checkbox"/> HERC |
| | <input type="checkbox"/> Other: _____ | |

Education

Name and Location of School (City, State)	Major	Number of Years Completed	Certificate/ Diploma/Degree
High School (last attended)			
College/University			
Business or Technical School			
Business or Technical School			

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

List all of your computer and software experience:

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

Employment

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

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

May we contact your present employer? Yes [] No []

Dates of Employment: From: _____ Mo. Yr. To: _____ Mo. Yr. Hours/Week: _____ Last Salary: _____ Per: _____	Name of Employer or Company	Telephone Number (Include Area Code)
	Address, City, State, Zip Code	
	Supervisor's Name and Job Title	Your Job Title
	Describe Your Duties	
	Reason For Leaving	
Dates of Employment: From: _____ Mo. Yr. To: _____ Mo. Yr. Hours/Week: _____ Last Salary: _____ Per: _____	Name of Employer or Company	Telephone Number (Include Area Code)
	Address, City, State, Zip Code	
	Supervisor's Name and Job Title	Your Job Title
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	Supervisor's Name and Job Title	Your Job Title
	Describe Your Duties	
	Reason For Leaving	

References

List a minimum of FOUR people not related to you, who can attest to your professional abilities and character.

Name	Occupation/Title	Telephone # (Include Area Code)
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Address, City, State, Zip Code

Name	Occupation/Title	Telephone # (Include Area Code)
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Address, City, State, Zip Code

Name	Occupation/Title	Telephone # (Include Area Code)
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Address, City, State, Zip Code

Name	Occupation/Title	Telephone # (Include Area Code)
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Address, City, State, Zip Code

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 of the 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 the Santos Manuel Student Union 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 the Santos Manuel Student Union as well as from the use or disclosure of such information by the Santos Manuel Student Union 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.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, may be considered cause for my termination.

Applicant's Signature

Date