CAL STATE SAN BERNARDINO
University Enterprises Corporation

For Official Use Only

Application for Management/Support Staff Employment

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:

Address: Number, Street, Apartment/Space Number

Work Telephone (Include Area Code)

E-mail:

City, State, Zip Code

May we contact you at work? Yes [ ] No [ ]

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 have a physical exam? Yes [ ] No [ ]

If selected for employment are you willing to be fingerprinted? Yes [ ] No [ ]

Are you currently enrolled as a student at CSUSB? Yes [ ] No [ ]

If hired, on what date can you start? _____

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?

Do you have any relatives who are employees of University Enterprises Corporation at CSUSB? Yes [ ] No [ ]

Name: Relationship: Department:

Clerical/Secretarial Applicants Only: Typing Speed _____CWPM Shorthand Speed _____CWPM
Other skills:

Have you ever been dismissed from Employment? Yes [ ] No [ ]

If yes, please explain.

Have you ever been convicted of a felony? Yes [ ] No [ ] If yes, please describe.
A conviction will not necessarily disqualify you from employment.
(Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.)

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_____

Employment

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 [ ]

Dates of Employment
From: _____
Mo. Yr.
To: _____
Mo. Yr.
Hours/Week_____
Last Salary:_____
Per:_____

Name of Employer or Company | Telephone Number
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
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
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
Address, City, State, Zip Code
Supervisor's Name and Job Title | Your Job Title
Describe Your Duties:
Reason For Leaving

Education

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

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

References

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

Name | Occupation | Telephone Number

Address, City, State, Zip Code

Name | Occupation | Telephone Number

Address, City, State, Zip Code

Name | Occupation | Telephone Number

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 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 the 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.

Applicant's Signature **Date**

Please Mail Application to: CSUSB\Human Resources
5500 University Parkway
San Bernardino, CA. 92407