

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)
Permanent Address: Number, Street, Apartment/Space Number	Cell Phone Number:
City, State, Zip Code	Work Telephone (Include Area Code)
Local Address (if applicable): Number, Street, Apartment/Space Number	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 []
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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
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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?
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Are you currently employed per Week on campus or by CSUSB? Yes [] No []	Department	Supervisor	Contact Number	# of Hours
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Do you have any relatives who are employees of University Enterprises Corp. at CSUSB? Yes [] No []	Name	Relationship	Department
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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.
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Have you ever been convicted of a felony? A conviction will not necessarily disqualify you from employment.	Yes [] No [] If yes, please describe.
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Have you served in the U.S. Armed Forces? Yes [] No []	Summarize experience relevant to the position for which you are applying.
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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

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	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
Hours/Week _____	Describe Your Duties:	
Last Salary: _____		
Per: _____	Reason For Leaving:	

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
Hours/Week _____	Describe Your Duties:	
Last Salary: _____		
Per: _____	Reason For Leaving:	

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
Hours/Week _____	Describe Your Duties:	
Last Salary: _____		
Per: _____	Reason For Leaving:	

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
Hours/Week _____	Describe Your Duties:	
Last Salary: _____		
Per: _____	Reason For Leaving	

Education

Name and Location of School (City and State)	Major	Number of Years Completed	Certificate/Diploma/ Degree
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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
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Address, City, State, Zip Code

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

Name	Occupation	Telephone Number
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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 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.

Applicant's Signature

Date

**Please Mail Application to: UEC Human Resources
Foundation Building Rm#104
5500 University Parkway
San Bernardino, CA. 92407**