



EMPLOYMENT APPLICATION
Emergency / Intermittent / Casual Worker Applicants Only
California State University, Long Beach
Staff Human Resources
 Brotman Hall, Room 335
 1250 Bellflower Blvd, Long Beach, CA 90840
 (562) 985-4031

A COMPLETED CSULB EMPLOYMENT APPLICATION FORM IS REQUIRED FOR EACH JOB FOR WHICH YOU APPLY. YOU MAY SUBMIT A RESUME ONLY IN ADDITION TO A COMPLETED APPLICATION. Please be aware that any resume submitted without a completed application form will not be accepted and will be returned. Applications are accepted **for current vacancies only**. Your qualifications will be evaluated based on the information submitted in your application. Failure to provide sufficient information on your application will result in disqualification. Those applicants selected for an interview will be contacted directly by Staff Human Resources or the hiring department.

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Social Security Number

Today's Date

Job Number

Job Title

Department

How Did You Learn of This Vacancy?

Select One: Choose one

First Name

M.I.

Last Name

Suffix

Address

City

State, Zip

()

()

Telephone No.

Message No.

Email Address

Did you graduate from high school or pass the GED Test? Yes No

Please indicate the Highest Educational Level that you have attained: _____

| Name / Location of Colleges or Vocational Schools Attended | Major Subject or Course | Units Completed | Degrees, Certificates, or Licenses Received | Degree or Certificate Date (Optional) |
|--|-------------------------|-----------------|---|---------------------------------------|
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EMPLOYMENT RECORD (List most recent job first. Include military service and volunteer work.) The areas with an asterisk (*) below must be completed and legible. Please enter all dates in mm/dd/yy format.

Start Date:* _____ End Date:* _____

Total Yrs./Mos. Worked:* _____ Hours Per Week*: _____

Starting Monthly Salary:* _____ Ending Monthly Salary:* _____

Employer Name/Address:* _____

Employer Phone No: _____

Supervisor Name: _____

Your Title: _____

Reason for Leaving: _____

Duties:*

Start Date:* _____ End Date:* _____

Total Yrs./Mos. Worked:* _____ Hours Per Week*: _____

Starting Monthly Salary:* _____ Ending Monthly Salary:* _____

Employer Name/Address:* _____

Employer Phone No: _____

Supervisor Name: _____

Your Title: _____

Reason for Leaving: _____

Duties:*

Start Date:* _____ End Date:* _____
Total Yrs./Mos. Worked:* _____ Hours Per Week*: _____
Starting Monthly Salary:* _____ Ending Monthly Salary:* _____
Employer Name/Address:* _____
Employer Phone No: _____
Supervisor Name: _____
Your Title: _____
Reason for Leaving: _____
Duties:*

Start Date:* _____ End Date:* _____
Total Yrs./Mos. Worked:* _____ Hours Per Week*: _____
Starting Monthly Salary:* _____ Ending Monthly Salary:* _____
Employer Name/Address:* _____
Employer Phone No: _____
Supervisor Name: _____
Your Title: _____
Reason for Leaving: _____
Duties:*

Please attach a separate piece of paper if you have additional employment information.

Please list skills involving office machines, tools, machinery, equipment, vehicles, etc., that are applicable to this job position:

Please list your computer knowledge/training including version/model used, years of experience, and skill level (training/beginner/intermediate/advanced):

Word Processing/Spreadsheet/Database/Presentation Software:

Internet Applications:

Operating Systems:

Computer Hardware:

Desktop Publishing:

Other/Specialized Software:

List abilities in languages other than English:

Speak

Read / Write

Do we have permission to contact your present employer? Yes No

Were you ever discharged from any employment? Yes No

If yes, please explain below:

Are you 16 years of age or younger? Yes No If yes, do you have a work permit? Yes No

Are you currently authorized to work in the United States? Yes No

If you are not currently authorized to work in the United States, please state your current immigration status:

Have you ever been convicted of felony offense? Yes No

If yes, list the circumstances, places, and dates :

Do you have any relatives working for the University? Yes No

| | | |
|------------------|----------------|-----------------|
| If yes, Name (s) | Department (s) | Relationship(s) |
|------------------|----------------|-----------------|

FINGERPRINTING

Fingerprinting is required at the time of employment for new employees hired for the following positions: Sworn Public Safety Officers and Dispatchers, Health Services personnel, Data Processing personnel, and employees who handle cash or who will be in an assignment which ordinarily requires bonding.

OATH OF ALLEGIANCE

All new employees who are U.S. Citizens are required to sign an Oath of Allegiance.

THE FOLLOWING STATEMENT MUST REMAIN IN PRINT ON ALL SUBMITTED APPLICATIONS:

I certify that the answers I have given in the materials I have submitted in application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of the facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

Your signature affirms that all information on this application is true to the best of your knowledge.

SIGNATURE

DATE

California State University, Long Beach

CONFIDENTIAL DATA SHEET

CSULB is an equal opportunity employer. It is your right to volunteer the following information. The data will allow us to monitor our efforts to attain a diverse workforce. *It is unlawful to discriminate against you on the basis of this information.* Thank you for your help.

| | | | |
|---------------------|----------------|---------------------|-------|
| Name: | | Social Security No. | Date: |
| Job(s) Applied For: | Job Number(s): | Department(s): | |

GENDER: MALE FEMALE DECLINE TO STATE

RACE / ETHNIC HERITAGE: Check those with which you most closely identify.

BLACK: Of African origin; not of Hispanic origin.

ASIAN: *Of Far Eastern, Southeast Asian, or Indian origin.*

Chinese Indian Subcontinent Korean Japanese
 Southeast Asian Taiwanese Other: _____

HAWAIIAN / PACIFIC ISLANDER: *Of Hawaiian Islands, Filipino, or Pacific Islands origin.*

Hawaiian Guamanian/Chamorro Filipino Samoan Other: _____

HISPANIC: *Of Spanish/Latin-American/Latino culture or origin, regardless of race.*

Puerto Rican Mexican-American/Chicano Cuban Other: _____

WHITE: *Of European, Middle Eastern, or African origin.*

European Middle Eastern African Other _____

AMERICAN INDIAN / ALASKAN NATIVE: *Of Indian origin native to the Americas with cultural identification maintained through tribal affiliation.*

Aleut Eskimo Native American: Tribe/Nation: _____

DECLINE TO STATE

VETERAN STATUS:

VIETNAM ERA VETERAN: The Vietnam Era Veterans' Readjustment Assistance Act of 1974 allows you the opportunity to self-identify as a person who (1) Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) In the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) Between August 5, 1964 and May 7, 1975, in all other cases; or (2) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) Between August 5, 1964 and May 7, 1975, in all other cases. For further information, please visit our web site at <http://www.csulb.edu/depts/oed/> or visit <http://www2.dol.gov/dol/esa>.

OTHER ELIGIBLE (US) VETERAN: The Veterans Employment Opportunities Act of 1998 allows you the opportunity to self-identify as a person who served in the military on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management, OPM VETS Guide, Appendix A or at <http://www.opm.gov/veterans/html/vgmedal2.htm>.

DECLINE TO STATE

SEND YOUR APPLICATION AND THIS DATA SHEET TO STAFF HUMAN RESOURCES (BH-335).
(Only **one** Confidential Data Sheet is needed per applicant.)