

# The California State University • Office of the Chancellor

# EMPLOYMENT APPLICATION



Job Line: (562) 951-4960 • Status Line: (562) 951-4961 • TTD Line: (562) 951-4936 • www.calstate.edu

The California State University Office of the Chancellor is an Equal Opportunity Employer. The CSU does not discriminate with regard to race, religion, color, national origin, sex, age, marital status, disability, U.S. military veteran status, or other non-job related factors. CSU is a smoke-free workplace.

THIS APPLICATION MUST BE COMPLETED BEFORE ANY OFFER OF EMPLOYMENT CAN BE CONSIDERED.

Date: \_\_\_\_\_ Have you ever applied at this facility?  No  Yes If yes, when? \_\_\_\_\_

## • Personal Data

Name (Last, First, Middle)	Social Security Number
Address (Number, Street, Apt. No.)	Home Telephone
City, State, Zip Code	Message/Office Telephone

Are you over 18 years of age?  Yes  No

If hired, you will be required to furnish proof that you are legally authorized to work in the United States. Can you furnish such proof?  Yes  No

Indicate names used at company where you worked, or school you attended, if different from above.

Name	Company/School
Name	Company/School

## • Employment Interests

Job Reference Number	Job Title	Date Available	Minimum Salary Acceptable
1.			
2.		<b>Hours Willing to Work</b> <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Temporary <input type="radio"/> On Call	
3.			

How were you referred to the CSU Office of the Chancellor?

- Newspaper Ad: \_\_\_\_\_ (specify newspaper)   
  Journal Ad \_\_\_\_\_ (specify publication)   
  Job Line   
  Internet  
 School/College/University: \_\_\_\_\_ (name)   
  Job Fair/Career Day \_\_\_\_\_ (title)   
  Search Firm   
  Walk in  
 Employee Referral \_\_\_\_\_ (name of employee)   
  Other \_\_\_\_\_

Have you ever been employed by the State of California or The California State University?  Yes  No

If yes, name of agencies or college(s) \_\_\_\_\_ Dates: \_\_\_\_\_

Where? \_\_\_\_\_ Position Held \_\_\_\_\_

## • Skills Profile

<input type="radio"/> Computer Hardware Types:	<input type="radio"/> Computer Software Types:
• Other Skills:	

## • Employment History

**Please Note:** A resume may be attached but will not be accepted in place of any information required on this form.

List all employment activity for the past 10 years, starting with your most recent position. Also include any volunteer work that relates to the job(s) for which you are applying. If you were unemployed for any period, state the nature of your activities. Because your work experience is an important factor in determining a position for which you are best suited, please complete this application carefully. If you need additional space please add additional pages.

Dates		Employer	Your Title and Duties:          Reason for leaving:          May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No
Month and Year	From	Name of Employer	
To		Address	
Total Years Worked		City, State and Zip Code	
Starting Salary	\$	Telephone Number	
Ending Salary	\$	Name and Title of Immediate Supervisor	

Dates		Employer	Your Title and Duties:          Reason for leaving:          May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No
Month and Year	From	Name of Employer	
To		Address	
Total Years Worked		City, State and Zip Code	
Starting Salary	\$	Telephone Number	
Ending Salary	\$	Name and Title of Immediate Supervisor	

Dates		Employer	Your Title and Duties:          Reason for leaving:          May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No
Month and Year	From	Name of Employer	
To		Address	
Total Years Worked		City, State and Zip Code	
Starting Salary	\$	Telephone Number	
Ending Salary	\$	Name and Title of Immediate Supervisor	

Dates		Employer	Your Title and Duties:          Reason for leaving:          May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No
Month and Year	From	Name of Employer	
To		Address	
Total Years Worked		City, State and Zip Code	
Starting Salary	\$	Telephone Number	
Ending Salary	\$	Name and Title of Immediate Supervisor	

## • Educational History

### High School

Name of School	Major Field	
Address (City, State, Zip Code)	High School Diploma? <input type="radio"/> Yes <input type="radio"/> No	GED? <input type="radio"/> Yes <input type="radio"/> No

### College/University/Trade or Vocational Schools

Name of School	Field of Study
Address (City, State, Zip Code)	Indicate Degree, Diploma, or Certificate Received
Name of School	Field of Study
Address (City, State, Zip Code)	Indicate Degree, Diploma, or Certificate Received
Name of School	Field of Study
Address (City, State, Zip Code)	Indicate Degree, Diploma, or Certificate Received

## • Other Pertinent Information

Do you have any relatives working for the CSU Chancellor's Office?  Yes  No

Name(s) \_\_\_\_\_

Department(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Relationship(s) \_\_\_\_\_

Have you ever been convicted of any crime as an adult (excluding traffic violations other than felonies)? A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court.  Yes  No If yes, explain:

(A criminal conviction will not necessarily disqualify an applicant from employment)

The position for which you applied may require the use of a state vehicle for state business. Should you be offered and accept a CSU Chancellor's Office position, can you furnish proof of a current valid California driver's license?  Yes  No

Please indicate any additional information you consider pertinent to your application for employment.

## • Applicant Statement

I understand that the California State University Office of the Chancellor (CSU Office of the Chancellor) will verify the statements I have made regarding my academic background, employment history, and any criminal convictions that may be on my record. I give the CSU Office of the Chancellor consent to conduct a criminal record check. I authorize my past employers and schools to give the CSU Office of the Chancellor pertinent work-related information about me. I also understand that all offers of appointment are contingent upon receipt of satisfactory verification of information.

I certify that the answers I have given in this application are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given on my application for employment are subject to verification and that should I be employed at the CSU Office of the Chancellor, any misrepresentation or omission of facts on this application may be sufficient reason for dismissal.

If employed, I understand that, except as may be modified by an applicable collective bargaining agreement, and/or California state statute, my employment may be ended at any time, at the option of either the CSU Office of the Chancellor or myself for any reason, with or without advance notice. This understanding cannot be changed, except in writing by the Personnel Director or Vice Chancellor of Human Resources.

I understand that a copy of this application is available to me if I so desire.

Signature

Date

**Do Not Complete Unless Offer of Employment Has Been Made and Accepted**

**• Emergency Contact Information**

<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Name (Last, First, Middle)	
Home Address (Number, Street, Apt. No.)		Home Telephone
City, State, Zip Code		Message Telephone
Business Name		
Business Address (Number, Street, Apt. No.)		
City, State, Zip Code		Business Telephone

**• Designation of Person Authorized to Receive Warrants**

**Designee** Pursuant to Government Code Section 12479, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me had I survived. [You may change your designation at any time by completing a new form. Show designee's full name.]

**Designee Information (Must be 18 years of age or older)**

Name (Last, First, Middle)	Social Security Number
Address (Number, Street, Apt. No.)	Home Telephone
City, State, Zip Code	Message/Office Telephone

I hereby revoke any previous designation filed by me where applicable as a state employee in another state agency. If the above-named designee does not file a written request with the Payroll Office of my employer state agency or if the above designee cannot be contacted for such paycheck within 60 days after the date of my death, this designation shall become null and void. This designation will remain in full force and effect during my employment with any California state agency until revoked in writing by me. This designation will terminate on the date of my permanent separation from said employment.

Employee's Signature	Date
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**• Personnel Use Only**

State Service Date: _____	C.O. Hire Date: _____	C.O. Service Date: _____
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**Please Note:** Your social security account number (SSN) is required by federal law (42 USC 405; 26 USC 6109) in order for the Office of the Chancellor to comply with payroll deduction requirements for federal social security, state and federal income tax, and other benefits programs and group insurance services, some mandatory and some optional with you. Further, your SSN will be used as a common identification to distinguish you from other employees in verifying employment and education.