

# California State Polytechnic University, Pomona

## Human Resources Department

3801 West Temple Avenue, Pomona, CA 91768-4023

Telephone: (909) 869-3733



An Affirmative Action/Equal Opportunity Employer

## Application for Staff Employment

### Applicant Information

Full Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Message Phone: ( ) \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Social Security Number: \_\_\_\_\_

*(Voluntary)*

E-mail Address: \_\_\_\_\_

Are you 18 years of age or older? YES  NO  Do you have the legal right to work in the U.S.? YES  NO

Have you been previously employed by Cal Poly Pomona or the CSU System or any other state agency? YES  NO  *If 'yes', list dates/positions/ departments/campus.*

Have you ever worked under name(s) other than stated above? YES  NO  *If 'yes', please list:*

Are you related to any current employee(s) of Cal Poly Pomona? YES  NO  *If 'yes', please identify (name and department):*

*Respond only if driving is an essential function of the position for which you are applying.*

Do you have a valid California Driver's License? YES  NO  *If 'yes', please indicate type:* Class A  Class B  Class C

*If 'no', is there anything which would prohibit you from obtaining a California Driver's License?*

**Have you ever been convicted of a crime?**

*(You may omit minor traffic violations, any offense committed prior to your 18<sup>th</sup> birthday adjudicated in a juvenile Court or under a youth offender law, or any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45.)*

YES  NO  *If 'yes', please complete the attached Conviction Disclosure Form. A 'Yes' answer does not automatically disqualify you from receiving consideration for employment.*

### Employment Interest

**A separate application must be provided for each recruitment in which you are interested.**

Position Applied for: \_\_\_\_\_ Title \_\_\_\_\_ Recruitment Number: \_\_\_\_\_

Where did you hear about the position for which you are applying: \_\_\_\_\_ Faculty

Pool Positions - *If you are interested in one of the Temporary Pool Positions, please contact (909) 869-3733 for further information.*

University Policy on Smoking: *In keeping with the University's longstanding commitment to provide a healthy and safe environment for students, employees and visitors, smoking is prohibited inside all university facilities and university owned or maintained vehicles.*

## Education and Special Training

**High School:**

Location:

From:

To:

Did you graduate?

Y  
E  
S

NO

If not, do you have a:

GED Certificate or a

CHSPE Certificate?

**University/College:**

**Major**

**Specialization Within Major**

**Units Completed**

**Sem.**

**Qtr.**

**Date Graduated**  
(MM/YY)

**Degree Earned**

**Business, Technical or Trade Institutions Attended**

**Course of Study**

**Dates Attended**  
From (MM/DD/YY) To (MM/DD/YY)

**Certificates or Licenses Obtained**

**Professional Licenses or Certificates** – Specify type(s) and expiration date(s).

## Additional Qualifications

*Special Related Skills (e.g., proficiency in medical terminology, spread sheets, statistical analysis, etc.)*

*Related Equipment Which You Operate Proficiently*

*Specific Relevant Courses, Conferences, Seminars and Workshops Attended or Conducted*

*Publications/Reports Coordinated or Authored*

*Computer Knowledge and Ability*

**Hardware**

**Familiarity**

**Proficiency**

**Software**

**Familiarity**

**Proficiency**

**Other (e.g., Computer Programming Languages):**

## Employment History

**The Employment History must be completed in detail even though a resume may be included and/or required.**

Beginning with your present job, list all employment activity for the past 10 years. Each promotion should be identified as a separate job. Earlier relevant experience may also be included. Attach additional sheets if necessary. **Reference checks are conducted with both current and former employers on candidates under final consideration.**

**Dates of Employment:**

**Employer:**

**Telephone Number:**

This From

(MM/YY)

To (MM/YY)

<b>Dates of Employment:</b>		<b>Employer:</b>		<b>Telephone Number:</b> (    )		This Space is For Office Use Only	
<i>This From</i> (MM/YY)		<b>Department:</b>					
<i>To</i> (MM/YY)							
<b>Average Hours Per Week, if not full-time/salaried:</b>		<b>Supervisor's Name and Title:</b>		<b>Telephone Number:</b> (    )			
<b>Last Salary:</b> \$		<b>Your Classification Title:</b>		<b>Your Working Title:</b>			
<i>Per</i>	<i>Hour</i>	<input type="checkbox"/>	<b>Summarize your duties:</b>				
	<i>Week</i>	<input type="checkbox"/>					
	<i>Month</i>	<input type="checkbox"/>					
<b>Additional Average Monthly wages; e.g., bonus, commission, etc.:</b> \$		<b>Number of People You Supervised:</b>					
		<b>Reason for Seeking Other Employment:</b>					

## References

*Please list three professional references.*

Full Name:

Relationship:

Company:

Phone: (    )

Address:

Full Name:

Relationship:

Company:

Phone: (    )

Address:

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Full Name:

Relationship:

Company:

Phone: (    )

Address:

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**Previous Employment**

Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting  
Salary: \$

Ending Salary: \$

Responsibilities

:

From:

To:

Reason for  
Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting  
Salary: \$

Ending Salary: \$

Responsibilities

:

From:

To:

Reason for  
Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting  
Salary: \$

Ending Salary: \$

Responsibilities

:

From:

To:

Reason for  
Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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**Military Service**

Branch:

F  
r  
o  
m  
:

To:

Rank at Discharge:

Type of  
Discharge:

If other than honorable, explain:

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**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_