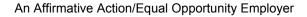
California State Polytechnic University, Pomona Human Resources Department

3801 West Temple Avenue, Pomona, CA 91768-4023

Telephone: (909) 869-3733





Application for Staff Employment

Applicant Information						
Full Name:					Home Phone:	()
r all realities	Last	First		M.I.	Work	\
					Phone: Message	()
Address:					Phone:	()
	Street Address	Apartment/Unit #				
	City			Stata	ZIP Code	
Social	City			State	ZIP Code	
Security Number:	(Voluntary)	E-mai	LΔdd	ress.		
Number.	(Voluntary)	YES	N O	Do you have the legal right to w	ork in the	YES NO
Are you 18 y	years of age or older?	TES		U.S.?		
Have you been previously employed by Cal Poly Pomona or the CSU System or any			N	If 'yes', list dates/positions/ departments/campus.		
other state a		YES	0			
Have you ever worked under name(s) other		YES	N O	If 'yes', please list:		
than stated	above?					
Are you rela Cal Poly Po	ted to any current employee(s) of mona?	YES	N O 	If 'yes', please identify (name and dep	partment):	
Respond only if driving is an essential function of the potion for which you are applying.						
•			N	If 'yes', please	0/	0/222
License?	e a valid California Driver's	YES	0	indicate Class A type:	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 th 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.) N 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 App				Recruitment Number:		
Where did you hear about the position for which you are applying: Faculty						
	ns - If you are interested in one of the Te			•	33 for further in	nformation.

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.

	E	ducation and	Special Tra	aining			
High School:		Location:	Y E		☐ GED Cer	rtificate or a	
From: T	o:	Did you graduate?	S NO	If not, do you have a:	□ CHSPE	Cortificate?	
1 10111. 1	0.	graduate:	<u> </u>	you nave a.	□ споре	Certificate?	
		Sn.	ecialization	Units Co	mpleted	Date	
University/College:	Major	Wit	hin Major	Sem.	Qtr.	Graduated (MM/YY)	Degree Earned
				Dates A	ttended		
Business, Technical or	r Trade Institutions Atte		Course of Study	From (MM/DD/YY)	To (MM/DD/YY)	Certificates o Obtained	r Licenses
			J	(IVIIVI/DD/TT)	(WIWI/DD/TT)		
Professional Licenses	or Certificates - Specify	type(s) and exp	iration date(s).			
		Additional (
Special Related Skills (e.g., p	proficiency in medical termino	logy, spread sh	eets, statistic	al analysis, etc.)		
Related Equipment Which Yo	ou Operate Proficiently						
Specific Relevant Courses, C	Conferences, Seminars and W	orkshops Atter	ded or Cond	ucted			
Publications/Reports Coordin	nated or Authored						
Computer Knowledge and Al			2 "				
Hardware	Familiarity Profici	iency	Softwa	re	Familia	arity	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. **Employer:** Dates of Employment: **Telephone Number:** This From (MM/YY) To (MM/YY) Dates of Employment: Telephone Number: Employer: This Space is For Office Use Only) This Department: From (MM/YY) Average Hours Per Week, Supervisor's Name and Title: Telephone Number: if not full-time/salaried: Your Classification Title: Your Working Title: Last Salary: \$ Per Hour Summarize your duties: Week Month Additional Average Monthly wages; e.g., Number of People You Supervised: bonus, commission, etc.: Reason for Seeking Other Employment: \$ References Please list three professional references. Full Name: Relationship: Company: Phone:) Address:

Relationship:

Phone:

(

)

Full Name:

Company:

Address:					
Full Name:	Relations	ship:			
Company:		Phone:	()	
Address:					
	Previous Employ	ment			
Company:		Phone:	()	
Address:	0' ''	Supervisor:			
Job Title: Responsibilities	Starting Salary: \$		Endir	ng Salary:	\$
From: To: May we contact your previous supervisor for a reference?	Reason for Leaving: YES	NO			
Total and a					
Company:		Phone:	()	
Address:	Starting	Supervisor:			
Job Title: Responsibilities	Starting Salary: \$		Endir	ng Salary:	\$
From: To: May we contact your previous supervisor for a reference?	Reason for Leaving: YES	NO			
Company:		Phone:	,	`	
			()	
Address:	Starting	Supervisor:			_
Job Title: Responsibilities	Salary: \$		Endir	ng Salary:	\$
	Reason for				
From: To: May we contact your previous supervisor for a	Leaving: YES	NO			
reference?					
	Military Service	F F			
		r o m			
Branch:	Tvr	: e of		-	Го:
Rank at Discharge:	Discha				
If other than honorable, explain:					

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 infointerview may result in my release.	ormation in my application or
	Dat
Signature:	e: