

EMPLOYMENT APPLICATION

An Equal Opportunity, Affirmative Action, Title IX Employer

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION

6300 State University Drive, Suite 332, Long Beach CA 90815 (562) 985-7950

Name of position for which you are applying:

Position #

Answer all questions completely. A separate application must be completed for each position but may be accompanied with a resume. It is the responsibility of the applicant to clarify on their application, their ability to perform the job for which they are applying. Failure to provide sufficient information which indicates meeting minimum qualifications will result in disqualification. Individuals who need reasonable accommodations to apply and/or interview, should contact the Human Resources Department. All applications must be manually signed and dated in ink by the applicant.

PERSONAL INFORMATION

Social Security Number:

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Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Home Phone

Alternate Phone Number

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Please answer the following:

Do you have the legal right to work in the United States? Yes No

(Please note: All offers of employment are contingent upon satisfactory proof of your identity and legal rights to work in the United States.)

Do you have any relatives employed by CSULB or the CSULB Foundation? Yes No

If yes, please give name(s): _____

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes No

Do not include convictions for the use or possession of marijuana if the conviction occurred more than two (2) year ago. If you answered "Yes", please attach a detailed written account of the offense.

(Please note: A conviction will not necessarily disqualify you from employment as each case will be considered on its own merit.)

Are you currently out on bail, or on your own recognizance pending trial, for any criminal offense other than a minor traffic violation? Yes No

If you answered "Yes", please attach a detailed written account of the charges against you.

(Please note: A "Yes" response will not necessarily disqualify you from employment as each case will be considered on its own merit.)

EDUCATION AND TRAINING

Type of School	Name and Location	Units Completed Sem./Qtr	Major	Degree(s) Obtained
High School				
Junior College				
College or University				
Graduate School				
Technical/Professional				

List other skills experience, training (e.g. languages, typing, clerical office skills or equipment etc.) or accomplishments that you believe will assist you in evaluation of your employment: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, please list all employment for the past ten (10) years. Include Armed Forces, volunteer experience, and periods of unemployment (unless related to physical or mental illness, please explain periods of unemployment). Attach additional page(s) if necessary.

Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title: _____
To: (mo. / yr.) ____ / ____	_____ Address	Duties: _____
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving: _____
	_____ Phone Number	Immediate Supervisor: _____
Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title: _____
To: (mo. / yr.) ____ / ____	_____ Address	Duties: _____
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving: _____
	_____ Phone Number	Immediate Supervisor: _____
Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title: _____
To: (mo. / yr.) ____ / ____	_____ Address	Duties: _____
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving: _____
	_____ Phone Number	Immediate Supervisor: _____

Please list any other name under which your employment or education may be verified:

Have you ever been discharged from any employment? Yes No If yes, please attach written explanation
 Do we have permission to contact your present employer(s)? Yes No
 Do we have permission to contact your previous employer(s)? Yes No

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any statements checked by the Foundation unless I have indicated to the contrary. I authorize any references, as well as all other individuals whom the Foundation contacts, to provide the Foundation any and all information concerning my previous employment and any other 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 by the Foundation or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an employment offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Foundation, as amended by the Foundation from time to time in its discretion. I further agree that any employment I am offered will not be for any specified period of time and that my employment is "at will" and can be terminated at any time, with or without cause and with or without notice by either the Foundation or myself. I further understand and agree that the only manner in which the terms of this employment relationship may be altered is by means of a specific written agreement which is signed by me and the Foundation Director of Human Resources or Executive Director of the Foundation. I further understand that no other representative of the Foundation has any authority to enter into any oral or written agreement for employment of any specified period of time or take any oral or written agreements or statements contrary to the foregoing.

Applicant's Signature: _____ Today's Date: _____

Please read and complete voluntary Affirmative Action Information Form below.
Submit with resume/application to Foundation HR.

AFFIRMATIVE ACTION INFORMATION FORM

To the extent we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 or section 503 of the Rehabilitation Act of 1973, we comply with requirements to take affirmative action regarding qualified individuals with a disability, special disabled veterans, and veterans of the Vietnam era or other covered veterans. If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at anytime in the future. We also invite you to tell us now, or at anytime in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely.

Submitting this information is voluntary. Providing it or declining to provide it will not affect your employment in any way. The information will be used only in ways consistent with the law. It will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid/safety personnel or government officials enforcing applicable laws.

1. Name: _____

2. You may check any item applicable to you:

- Disabled (Anyone having any physical or mental impairment, which substantially limit one or more major life activities)
- Special Disabled Veteran (Veteran entitled to VA administered disability compensation, or discharged from active duty because of a service connected disability, for a disability rated at 30% or more, or rated at 1020% where the VA has determined the veteran to have a serious employment handicap.)
- Vietnam Era Veteran (Anyone who served more than 180 days active duty and was discharged with other than a dishonorable discharge, or anyone discharged from active service for a service connected disability, if any part of such active duty was in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or between August 5, 1964 and May 7, 1975 in all other cases)
- Other Protected Veteran (Veteran who served on active duty during a war or in a campaign for which a campaign badge has been authorized. List of eligible campaigns can be found at www.opm.gov/veterans/html/vgmedal2.htm. Also, veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985)
- Newly Separated Veteran (Veteran who served on active duty and was discharged or released within the last three years)

3. If you checked Disabled or Special Disabled Veteran, you may identify any reasonable accommodations we could make that would better enable you to perform the essential functions of the job properly and safely.

Signature: _____

Date: _____