



STUDENT EMPLOYMENT APPLICATION FORM

Return to UAS Human Resources
5151 State University Drive Golden Eagle Building 310
Los Angeles, California 90032

The University Auxiliary Services, Inc. is an Affirmative Action/Equal Opportunity Employer; applicants will be considered without regard to their race, religion, color, national origin, sex, age, disability or other status protected by state or federal regulation within the limits imposed by law.

Last Name _____ First Name _____ Middle Initial _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

PERMANENT ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES: Yes No

ACADEMIC STATUS: Freshman Sophomore Junior Senior Graduate

G.P.A. _____ Major: _____ Course Units This Quarter: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ Phone #: _____

If you are offered employment, the offer will be continued upon your providing satisfactory proof of your identity and legal ability to work in the United States.

POSITIONS APPLIED FOR: _____ Ref. No.: _____

ARE YOU CURRENTLY EMPLOYED BY ANOTHER GRANT / CONTRACT / AGENCY ACCOUNT? Yes No

WHAT EQUIPMENT DO YOU OPERATE? (Example: PC's, 10 key, cash register, etc.)

IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE INDICATE THE FOLLOWING:

Typing Speed: _____ wpm Software Applications: _____

Special Skills: _____

EMPLOYMENT HISTORY

List your work record. Begin with your present job and list in reverse order.

Employer (Present or most recent)	Job Title _____ Supervisor (Name/Title) _____ Phone Number _____
Describe your duties:	From (mo./yr.) _____ To (mo./yr) _____ Salary \$ _____ per _____ Hours worked per week: _____ Reason for leaving: _____
May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IF FOR ANY REASON WE CANNOT CONTACT YOUR PAST EMPLOYER FOR A REFERENCE, PLEASE NOTE.

Employer (Present or most recent)	Job Title _____ Supervisor (Name/Title) _____ Phone Number _____
Describe your duties:	From (mo./yr.) _____ To (mo./yr.) _____ Salary \$ _____ per _____ Hours worked per week: _____ Reason for leaving: _____

WORK AVAILABILITY SCHEDULE

QUARTER: WINTER _____ SPRING _____ SUMMER _____ FALL _____ 20 _____

PLEASE "X" OUT TIME PERIODS YOU ARE NOT AVAILABLE TO WORK ACCORDING TO DAY AND HOUR.

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
7 A.M.							
8							
9							
10							
11							
12 P.M.							
1							
2							
3							
4							
5							
6							
7							

IF HIRED, I WILL COMPLY WITH ALL ORDERS, RULES AND REGULATIONS OF UNIVERSITY AUXILIARY SERVICES, INC.

SIGNATURE & DATE

