



UCLA UNIVERSITY APARTMENTS NORTH APPLICATION FOR APARTMENT COORDINATOR

Application for **Appointment Beginning July 1, 2014 – June 30, 2015**

The principal purpose for requesting the information on this application form is to evaluate qualifications for employment. This information is solicited in accordance with University policy adopted pursuant to Article IX, Section 9 of the California Constitution. Furnishing each item of information requested on the attached form is voluntary. Failure to provide the requested information will delay or may prevent completion of the evaluation of your application. The information supplied on this application form may be subject to validation check.

PERSONAL INFORMATION:

Name _____ Nickname _____
First Middle Last

Home Address _____ Phone _____
No. Street City State Zip

School Address _____ Phone _____
No. Street City State Zip

Email Address _____ Cell Phone _____

Driver's License No. _____ Expiration _____

Are you legally eligible to work in the United States? _____ Visa Status? _____

Prior or concurrent employment in Campus Department _____

Position _____ Supervisor _____

Employed from _____ to _____ Supervisor Contact Information _____
Date Date

Relatives employed at UCLA (if any)

Name Relationship Dept. & Title

COLLEGE AND UNIVERSITY EDUCATIONAL EXPERIENCE:

1. Institution _____ Dates attended _____ Degree _____ G.P.A. _____

2. Institution _____ Dates attended _____ Degree _____ G.P.A. _____

3. Institution _____ Dates attended _____ Degree _____ G.P.A. _____

ACADEMIC PROGRAM AT UCLA:

Major field of study _____ Student ID# _____

Minor field (if any) _____ G.P.A. last quarter _____ Cumulative G.P.A. _____

Class standing next year _____ Degree expected _____ Date _____

COLLEGE EXTRACURRICULAR AND COMMUNITY ACTIVITIES:

Activities	Dates	Hrs/Wk	Position held
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Anticipated Activities Next Year: _____

Please estimate the total number of hours per week: _____

Please list your group living experiences: (residence hall, fraternity, sorority, co-op, etc.)

Location	Dates
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WORK EXPERIENCE:

Do you have experience as a Resident Assistant/Director, Program Assistant, or Student Leader/Health Advocate? _____

Institution	Address	Position	Dates Employed
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Please indicate briefly your other work experiences (including military service and/or draft status):

Employer	Address	Position	Dates Employed
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REFERENCES:

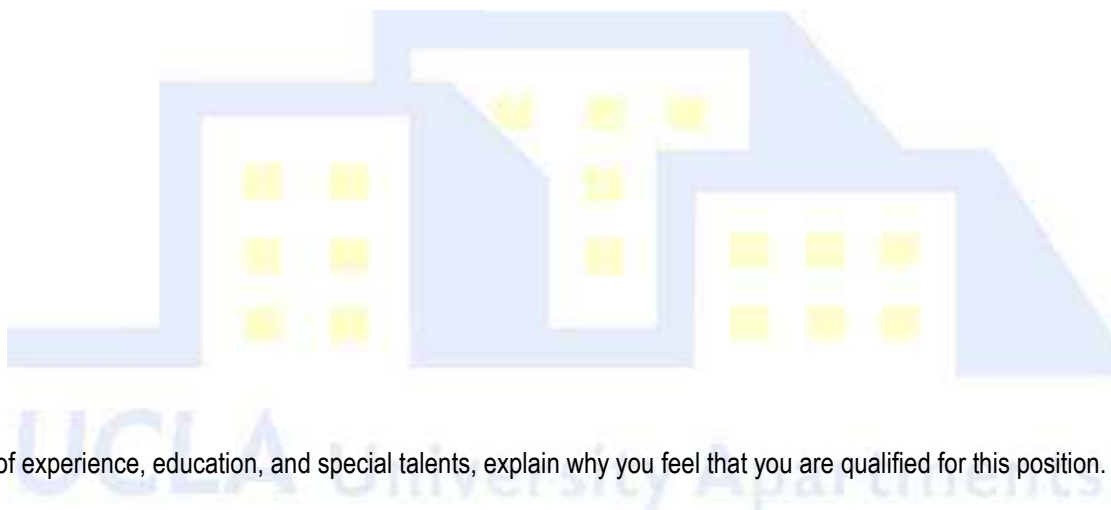
Name	Address	Position	Phone
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Please answer the following questions.

Feel free to type up your responses on a separate piece of paper.

We want to know you as a person. Briefly describe yourself as you know you, and as you think others know you.

Briefly explain your understanding of the position for which you are applying and your objectives related to this position.



In terms of experience, education, and special talents, explain why you feel that you are qualified for this position.

What do you hope to gain from this position?

☐ Check box if you wish to be considered for available positions with a shared unit.

Submissions:

- ✓ An unofficial transcript or DPR (Degree Progress Report) that includes your Fall 2014 grades must be submitted in order for your application to be considered complete.
- ✓ A resume outlining your past experience (employment, leadership involvement, volunteer activities, etc.) must be submitted with your DPR by the deadline listed.

APPLICANT'S STATEMENT

I have read and understand the requirements/expectations applicable to this position and am able to attend all five days of training as listed in the AC Description.

Name - printed: _____

Name -signed: _____ Date: _____

APPLICATION IS DUE:

March 7, 2014 - 5PM

PLEASE TURN APPLICATION IN AT:

UNIVERSITY APARTMENTS NORTH RENTAL OFFICE
11020 WEYBURN DRIVE
LOS ANGELES, CALIFORNIA 90024

QUESTIONS:

EMAIL uan-ac@ha.ucla.edu

Please do not call for status