



**EMPLOYMENT APPLICATION**  
**Emergency / Intermittent / Casual Worker Applicants Only**  
**California State University, Long Beach**  
**Staff Human Resources**  
 Brotman Hall, Room 335  
 1250 Bellflower Blvd, Long Beach, CA 90840  
 (562) 985-4031

**A COMPLETED CSULB EMPLOYMENT APPLICATION FORM IS REQUIRED FOR EACH JOB FOR WHICH YOU APPLY. YOU MAY SUBMIT A RESUME ONLY IN ADDITION TO A COMPLETED APPLICATION.** Please be aware that any resume submitted without a completed application form will not be accepted and will be returned. Applications are accepted **for current vacancies only**. Your qualifications will be evaluated based on the information submitted in your application. Failure to provide sufficient information on your application will result in disqualification. Those applicants selected for an interview will be contacted directly by Staff Human Resources or the hiring department.

\_\_\_\_\_  
**CSULB Employee or Student ID Number (if applicable)**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Job Number**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**How Did You Learn of This Vacancy?**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**M.I.**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Suffix**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Message No.**

\_\_\_\_\_  
**Email Address**

Did you graduate from high school or pass the GED Test?    Yes     No

Please indicate the Highest Educational Level that you have attained: \_\_\_\_\_

Name / Location of Colleges or Vocational Schools Attended	Major Subject or Course	Units Completed	Degrees, Certificates, or Licenses Received	Degree or Certificate Date (Optional)

**EMPLOYMENT RECORD (List most recent job first. Include military service and volunteer work.) The areas with an asterisk (\*) below must be completed and legible. Please enter all dates in mm/dd/yy format.**

Start Date:\* \_\_\_\_\_ End Date:\* \_\_\_\_\_  
Total Yrs./Mos. Worked:\* \_\_\_\_\_ Hours Per Week:\* \_\_\_\_\_  
Starting Monthly Salary:\* \_\_\_\_\_ Ending Monthly Salary:\* \_\_\_\_\_  
Employer Name/Address:\* \_\_\_\_\_  
Employer Phone No: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date:\* \_\_\_\_\_ End Date:\* \_\_\_\_\_  
Total Yrs./Mos. Worked:\* \_\_\_\_\_ Hours Per Week:\* \_\_\_\_\_  
Starting Monthly Salary:\* \_\_\_\_\_ Ending Monthly Salary:\* \_\_\_\_\_  
Employer Name/Address:\* \_\_\_\_\_  
Employer Phone No: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
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Start Date:\* \_\_\_\_\_ End Date:\* \_\_\_\_\_  
Total Yrs./Mos. Worked:\* \_\_\_\_\_ Hours Per Week:\* \_\_\_\_\_  
Starting Monthly Salary:\* \_\_\_\_\_ Ending Monthly Salary:\* \_\_\_\_\_  
Employer Name/Address:\* \_\_\_\_\_  
Employer Phone No: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
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Starting Monthly Salary:\* \_\_\_\_\_ Ending Monthly Salary:\* \_\_\_\_\_  
Employer Name/Address:\* \_\_\_\_\_  
Employer Phone No: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
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\_\_\_\_\_

Please attach a separate piece of paper if you have additional employment information.

Please list skills involving office machines, tools, machinery, equipment, vehicles, etc., that are applicable to this job position:

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Please list your computer knowledge/training including version/model used, years of experience, and skill level (training/beginner/intermediate/advanced):

Word Processing/Spreadsheet/Database/Presentation Software: \_\_\_\_\_

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Internet Applications: \_\_\_\_\_

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Operating Systems: \_\_\_\_\_

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Computer Hardware: \_\_\_\_\_

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Desktop Publishing: \_\_\_\_\_

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Other/Specialized Software: \_\_\_\_\_

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List abilities in languages other than English:

\_\_\_\_\_

Speak

\_\_\_\_\_

Read/Write

Do we have permission to contact your present employer?

Yes

No

Were you ever discharged from any employment?

Yes

No

If yes, please explain below:

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Are you 16 years of age or younger? Yes  No  If yes, do you have a work permit? Yes  No

Do you have any relatives working for the University? Yes  No

\_\_\_\_\_  
If yes, Name (s)

\_\_\_\_\_  
Department (s)

\_\_\_\_\_  
Relationship (s)

**If hired, you will be required to furnish proof that you are legally authorized to work in the United States.**

**FINGERPRINTING**

Fingerprinting may be required at the time of employment.

**OATH OF ALLEGIANCE**

All new employees who are U.S. Citizens are required to sign an Oath of Allegiance.

***THE FOLLOWING STATEMENT MUST REMAIN IN PRINT ON ALL SUBMITTED APPLICATIONS:***

I certify that the answers I have given in the materials I have submitted in application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of the facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

Your signature affirms that all information on this application is true to the best of your knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# California State University, Long Beach

## CONFIDENTIAL DATA SHEET

CSULB is an equal opportunity employer. It is your right to volunteer the following information. The data will allow us to monitor our efforts to attain a diverse workforce. *It is unlawful to discriminate against you on the basis of this information.* Thank you for your help.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job(s) Applied For: \_\_\_\_\_ Job Number(s): \_\_\_\_\_ Department (s): \_\_\_\_\_

Gender: MALE  FEMALE  DECLINE TO STATE

### RACE / ETHNIC HERITAGE:

Check those with which you **most** closely identify.

BLACK: Of African origin; not of Hispanic origin.

ASIAN: *Of Far Eastern, Southeast Asian, or Indian origin.*

Chinese  Indian Subcontinent  Korean  Japanese

Southeast Asian  Taiwanese  Other:

HAWAIIAN / PACIFIC ISLANDER: *Of Hawaiian Islands, Filipino, or Pacific Islands origin.*

Hawaiian  Guamanian/Chamorro  Filipino  Samoan  Other:

HISPANIC: *Of Spanish/Latin-American/Latino culture or origin, regardless of race.*

Puerto Rican  Mexican-American/Chicano  Cuban  Other:

WHITE: *Of European, Middle Eastern, or African origin.*

European  Middle Eastern  African  Other:

AMERICAN INDIAN / ALASKAN NATIVE: *Of Indian origin native to the Americas with cultural identification maintained through tribal affiliation.*

Aleut  Eskimo  Native American:  Tribe/Nation: \_\_\_\_\_

DECLINE TO STATE

### VETERAN STATUS:

VIETNAM ERA VETERAN:

The Vietnam Era Veterans' Readjustment Assistance Act of 1974 allows you the opportunity to self-identify as a person who (1) Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) In the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) Between August 5, 1964 and May 7, 1975, in all other cases; or (2) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) Between August 5, 1964 and May 7, 1975, in all other cases. For further information, please visit our web site at <http://www.csulb.edu/depts/oed/>, or visit <http://www2.dol.gov/dol/esa>.

OTHER ELIGIBLE (US) VETERAN:

The Veterans Employment Opportunities Act of 1998 allows you the opportunity to self-identify as a person who served in the military on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management, OPM VETS Guide, Appendix A or at <http://www.opm.gov/veterans/html/vgmedal2.htm>

DECLINE TO STATE.

SEND YOUR APPLICATION AND THIS DATA SHEET TO STAFF HUMAN RESOURCES (BH-335).  
(Only **one** Confidential Data Sheet is needed per applicant.)