California State Polytechnic University, Pomona Human Resources Department

3801 West Temple Avenue, Pomona, CA 91768-4023 Telephone: (909) 869-3733



Application for Staff Employment

			Appl	icant Information				
Name: Last, First, Middle Initial					Home Telephone No.			
Address: Street, Apartment or Space Number					Work Telephone No.			
City	State	Zip Email:		Email:	Cellular Telephone No.			
Are you 18 years of age or ol	der?	Yes	No	If an offer of employment is mad provide proof of your legal right t U.S.?				
Have you been previously en by Cal Poly Pomona or the C System or any other state ag	SU	Yes 🗌	No 🗌	lf 'yes', list dates, positions, departments, campus. Bronco ID# (if CPP)				
Have you ever worked under name(s) other than stated ab		Yes 🗌	No 🗌	lf 'yes', please list:				
Are you related to any curren employee(s) of Cal Poly Porr ASI or Foundation?		Yes 🗌	No 🗌	If 'yes', please identify (name & department):				
Respond only if driving is an	essential	function of	the po	sition for which you are applying.				
Do you have a valid California Driver's License? Yes No If 'yes', please Class A Class A Class B Class C indicate type:								
If 'no', is there anything which	h would pi	rohibit you	from o	btaining a California Driver's License	9?			
Have you ever been convicte 18 th birthday adjudicated in a juver Section 781 or Penal Code Section	nile Court or			(You may omit minor traffic violation der law, or any incident that has been seal	s, any offense committed prior to your ed under Welfare and Institutions Code			
If 'Yes', please complete the from receiving consideration				sure Form. A 'Yes' answer does no	t automatically disqualify you			
A separate application must Position Applied for:	st be prov	vided for e		loyment Interest cruitment in which you are intere	sted.			
Recruitment No .:								
Where <i>specifically</i> did you he	ar about t	the positior	n for wl	nich you are applying:				
				ersity's longstanding commitment to ing is prohibited inside all university				

	Educ	ation and S	pecial Tra	ining			
Name/Location of Last High School			/ou gradua		🗌 No		
		If not	do you have	ea: 🗌 G	ED Certifica	ate or □ C⊦	ISPE Certificate?
Name(s)/Location(s) of Colleges on Universities Attended	r Major		cialization hin Major	Units Co Sem.	mpleted Qtr.	Date Graduated	Degree Earned
			,			(5
Name(s)/Location(s) of Business , Institutions Attended	Technical or Tr		se of Study	Dates A From (MM/DD/YY)	ttended To (MM/DD/YY)		tificates or ses Obtained
Current Professional Licenses or Co	ertificates – Spec	tify type(s) and	l expiration d	ate(s)			
	Ac	ditional Q	ualificatio	ns			
Special Related Skills (e.g., proficiency in medical terminology, spread sheets, statistical analysis, etc.)							
Related Equipment Which You Operate Pr	roficiently						
Specific Relevant Courses, Conferences,	Seminars and Worl	kshops Attend	ed or Condu	cted			
Publications/Reports Coordinated or Author	ored						
Computer Knowledge and Ability						_	
Hardware Fa		ciency	Software			Familiarity	Proficiency
		_					
		_					
Other (e.g., Computer Programming Languages):							

Employment History

The Employment History must be all employment activity for the past included. Attach additional sheets in under final consideration.	10 years. Each promotio	n though a r on should b	e identified as a sepa	arate job. Earlier relevant experie	nce may also be	
Dates of Employment:	Employer:				Telephone No.	
From (mm/yy):	Department:					
To (mm/yy):	Address, City, State	, Zip:				
Avg. Hrs. Per Week:					Telephone No.	
Last Salary: \$	Your Functional Title	e:		Classification (if applicable):		
Per: Hour 🔲 Month 🔲 Year	Summarize Your Duties:					
Additional Average Monthly	Number of People Y	ou Super	vised:			
Wages (i.e., bonus, commission): \$	Reason for Seeking	Other Em	ployment:			
Dates of Employment:	Employer:				Telephone No.	
From (mm/yy):	Department:					
To (mm/yy):	Address, City, State	, Zip:				
Avg. Hrs. Per Week:	Supervisor's Name Title:	and			Telephone No.	
Last Salary: \$	Your Functional Title: Classification (<i>if applicable</i>):					
Per: Hour 🔲 Month 🔲 Year 🗌	Summarize Your Duties:					
Additional Average Monthly	Number of People Y	Number of People You Supervised:				
Wages (i.e., bonus, commission): \$	Reason for Seeking Other Employment:					
Dates of Employment:	Employer:				Telephone No.	
From (mm/yy):	Department:					
To (mm/yy):	Address, City, State	, Zip:				
Avg. Hrs. Per Week:	Supervisor's Name and Title:				Telephone No.	
Last Salary: \$	Your Functional Title	e:		Classification (if applicable):		
Per: Hour 🔲 🛛 Month 🗔 🛛 Year 🗔	Summarize Your Duties:					
Additional Average Monthly	Number of People You Supervised:					
Wages (i.e., bonus, commission): \$	Reason for Seeking Other Employment:					
Have you ever been fired or asked to leave employment? Yes 🗌 No 🗌 If Yes, please explain:						
If appointed, how much noticed	would you be require	d to give a	t your current plac	e of employment:		

employment, or for additional comments co complete information.	y other information you believe will be of value in considering your a oncerning any item on the application for which more space is neede	ed to provide
Name	Occupation	Telephone No.
Address, City, State, Zip Code		1
Name	Occupation	Telephone No.
Address, City, State, Zip Code		
Name	Occupation	Telephone No.
Address, City, State, Zip Code		
States. I further understand that before entering inf Allegiance; legally employed non-citizens a subsequently become naturalized citizens in I hereby certify that the information contain the best of my knowledge and belief. I und me from employment consideration with Ca I agree to any pre/post-employment examin continued employment. I understand that this application and all su	are contingent upon verification of my identity and authorization to w to the duties of State employment, United States citizens are required ire required to sign the Declaration of Permission to Work. Alien em must then sign an oath. ed in this application and all supplemental support documents is acc lerstand that the misstatement or omission of pertinent facts or infor al Poly Pomona and, if hired, may be grounds for dismissal. nation, including medical or psychological, which may be required as pplemental support documents become the property of the Universi the purpose of employment in accordance with the Information Pra	ed to sign the Oath of poloyees who curate and truthful to mation may disqualify s a condition of ty, and that the
Signature	Date	

CONFIDENTIAL

Affirmative Action Applicant Data Form

California State Polytechnic University, Pomona

All persons are encouraged to apply for any position at California State Polytechnic University, Pomona, for which they consider themselves qualified based on published minimum requirements.

Cal Poly Pomona is an equal employment opportunity affirmative action employer subject to all state and federal regulations pertaining to non-discrimination based on sex, sexual orientation, race, national origin, religion, disability, marital status, age and veteran status.

To assist the University in assessing the effectiveness of its efforts to attract a diverse group of applicants, please provide the information requested below. This form will be detached prior to any application, review, evaluation, or examination process. The data provided is used for statistical compilation and reporting purposes only. The information is to be submitted on a voluntary basis and will not be used in employment decisions made by the University, nor will it become part of any personnel file.

Thank you for your assistance.

Name:

Position for which you are applying:

Recruitment No.

ETHNIC GROUP (Check one that applies)		RACE/ETHNICITY		
		European, Middle Easterner, North African		
Black (2)		African American, person having origins in any of the Black racia groups of Africa		
Hispanic (3)		Person of South American, Central American, Cuban, Mexican, Mexican-American/Chicano, Puerto Rican, or other Spanish culture of origin		
Asian/Pacific Islander (4)		Asian Indian (Indian, Pakistani), Cambodian, Japanese, Chinese, Laotian, Malaysian, Thai, Vietnamese, Korean, Pilipino, Guamanian/Chamorro, Hawaiian, Samoan, or other Far East, Southeast Asia, Indian Subcontinent, or Pacific Island origin.		
American Indian/Alaskan Native (5)		Person of Aleut or Eskimo descent, Alaskan, or American Indian, or who is known by tribal association.		
Other Non-White (6)		Ethnicity not indicated.		
Gender: 🔲 Female	🔲 Male	e		
How did you learn of the position?				
Career Opportunity Bulletin Other (specify):				
If you learned of this position from a newspaper, which one?				
Los Angeles Times San Gabriel Valley Tribune Orange County Register Inland Valley Daily Bulletin				
Chronicle of Higher Education Dob Available Other (specify):				

Date:

DISCLOSURE OF INFORMATION

POLICY:

All applicants for University employment shall be required to answer the University Application for Staff Employment:

Have you ever been convicted of a crime?

🗖 Yes	🗖 No
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Applicants may respond "no" to this inquiry if they have never been convicted, and when they have been convicted of an offense involving, 1) a minor traffic violation; 2) a violation of Health and Safety Code 11357 (b) or (c), 11360 (c), 11364, 11365 or 11550 as they relate to marijuana convictions prior to January 1, 1967; 3) a conviction which has been judicially dismissed, expunged, sealed or eradicated; or 4) a misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed. **Complete DISCLOSURE OF INFORMATION, page 2, if you have a reportable conviction(s).**

GENERAL INFORMATION:

Conviction of a crime is not an absolute bar from University employment. Each situation will be reviewed by Human Resource Services which shall consider, among other matters, the relevance of the conviction to the nature of employment sough by the applicant, applicant history since the conviction, and the regency of the conviction itself.

Undisclosed pervious convictions (with the exception of those specified above) shall be considered grounds for termination.

Questions regarding the disclosure of previous convictions should be discussed with the Personnel Programs Administrator managing the recruitment prior to the submission of the Application or the Disclosure Form.

DISCLOSURE FORM

Human Resource Services

California State Polytechnic University, Pomona

INSTRUCTIONS: Please read the University policy on the Disclosure of information found on the reverse side of this form. Complete this form if you have a reportable conviction(s). List each conviction in a separate section below.

Position Applied for:

Recruitment No.:

Describe specific offense: If you were convicted, provide: Specific charge for which convicted: Date of conviction: Dispositions (i.e. sentence):
Describe specific offense: If you were convicted, provide: Specific charge for which convicted: Date of conviction: Dispositions (i.e. sentence):
Describe specific offense: If you were convicted, provide: Specific charge for which convicted: Date of conviction: Dispositions (i.e. sentence):

I hereby certify that the above information is true to the beset of my knowledge and belief.

Applicant's Signature

Date