EMPLOYMENT APPLICATION FORM

Cal State LA University Auxiliary Services, Inc. is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex including sexual orientation and gender identity, national origin, disability, protected Veteran Status, or any other characteristic protected by applicable federal, state, or local law.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Street Address: _____

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

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

ARE YOU A CURRENT CSULA STUDENT? (If no, skip to section 2) ☐ **Yes** ☐ **No**

ACADEMIC STATUS: ☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **Graduate**

G.P.A. _____ **Major:** _____ **Course Units This Semester:** _____

Campus Identification Number (CIN): _____ **CSLA Student Email:** _____

Section 2:

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.

POSITION APPLIED FOR: _____ **UAS Ref. No.:** _____

ARE YOU CURRENTLY EMPLOYED BY ANOTHER GRANT / CONTRACT / AGENCY ACCOUNT/STATE SIDE? ☐ **Yes** ☐ **No**

_____

Are you related to anyone employed by Cal State L.A. or UAS? ☐ **Yes** ☐ **No**

If yes, please complete the following:

Name of the relative: _____

Relationship to you: _____ **Department/Position:** _____

What skills do you have that would make you successful in this position?

_____

List any certifications, training, or special skills you have?: _____

_____

_____

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)** _____ **Hours worked per week:** _____ **Reason for leaving:** _____
May we contact your present employer for a reference? ☐ **Yes** ☐ **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.)** _____ **Hours worked per week:** _____ **Reason for leaving:** _____

What days and times are you available to work? ***(Please list your availability.)***

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

_____

SIGNATURE & DATE

Voluntary Invitation to Self Identify Applicants
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Cal. State L.A. University Auxiliary Services, Inc. (UAS) is an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain and report certain information regarding its applicants and employees. These guidelines will be applied by the Equal Employment Opportunity Commission in the enforcement of title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 (hereinafter "Title VII")

In order to comply with the law(s), you are **invited** to provide the following information **voluntarily**. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to supply this information will not jeopardize or adversely affect any consideration you may receive for employment. When reported to the government, this data will not identify any specific individual.
If you believe you belong to any of the categories of qualified veterans listed on page two, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Section 1: General Information

Name:	**Date** ____/____/____
Position Title:	
Supervisor or Manager:	

Section 2: Please check (∆) all that apply (See second page for definitions)

Race or Ethnic Identity	**Gender**	****Veteran Status**
☐ Hispanic or Latino	☐ Male	☐ I identify as a qualified veteran.
☐ White (not Hispanic or Latino)	☐ Female	☐ I am not a qualified veteran
☐ Black or African American (not Hispanic or Latino)		****Other**
☐ Native Hawaiian or Pacific Islander (not Hispanic or Latino)		☐ How did you hear about the job?
☐ Asian (not Hispanic or Latino)		
☐ American Indian or Alaskan Native (not Hispanic or Latino)		
☐ Two or More Races (not Hispanic or Latino)		

If you need assistance with completion of this form and/or the application process assistance will be provided upon request.

☐ **I choose not to Self-Identify.**

Signature: _____

For Human Resources Use Only:	*Requisition #*		*Job Group*

*[**Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:*
(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.
According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:
1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)
All persons who identify with more than one of the above five races.

QUALIFIED VETERAN:

A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or show citation box or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 04/30/2026

Name: Date:

Employee ID:
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability, or have had one in the past
☐ No, I do not have a disability and have not had one in the past
☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: Date of Hire: