Print Form Clear Form

Application For Employment

5151 State University Drive, Los Angeles, CA 90032-8534
Human Resources Management, Admin. Bldg., Room 606
www.calstatela.edu

Faculty applicants: Return completed application to department/college.

POSITION TITLE:	

PERSONAL INFORMATION

Last Name	First Name	MI	E-Mail Address

Address (Number & Street)	City & State	Zip Code

Home Phone:	Cell Phone:	Other Phone:

If employed under other name(s), please list:

Are you over 18 years of age? Yes ◯ No ◯ If "no" a work permit may be required at time of hire.
If hired, can you provide evidence that you are legally authorized to work in the U.S.? Yes ◯ No ◯

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ◯ No ◯

If no, describe the functions that cannot be performed:

If the position for which you are applying requires the use of a state vehicle for state business, can you furnish proof of a valid California driver license? Yes ◯ No ◯

Do you have any existing CSU employment? Yes ◯ No ◯ If yes, please list campus:

If you are related to anyone employed by Cal State L.A., please supply the following:

Name	Relationship	Department

EDUCATION AND SKILLS

List schools attended other than high school (include military training and/or related courses):

Name and Location	Major	Credits Completed (Units)		Degree Awarded? Y/N	Degree Awarded
		Semester	Quarter		

Special Job Information: List any skills, training, special accomplishments you consider pertinent to your application for employment.

Languages:	Speak:	Read:	Write:

PROFESSIONAL ACHIEVEMENTS/PUBLICATIONS: Most recent publications or memberships

EMPLOYMENT HISTORY

***Please Note**: A resume/vita may be attached but will not be accepted in place of any information required on this form. List all employment activity for the past 10 years, starting with your most recent position. Also include any volunteer work that relates to the job for which you are applying. If you were unemployed for any period, state the nature of your activities. Attach additional sheets if necessary.*

Dates (Mo/Yr) From	Dates (Mo/Yr) To	Total No. Yrs/Mos	Employer Name & Address:	Duties:
Salary Start	Salary End	No. Hrs Per Wk	Supervisor/Dean/Department Head	
Position Title and/or Academic Rank			Phone Number	
Reason for Leaving				
May we contact employer? Yes ○ No ○				

Dates (Mo/Yr) From	Dates (Mo/Yr) To	Total No. Yrs/Mos	Employer Name & Address:	Duties:
Salary Start	Salary End	No. Hrs Per Wk	Supervisor/Dean/ Department Head	
Position Title and/or Academic Rank			Phone Number	
Reason for Leaving				
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Reason for Leaving				
May we contact employer? Yes ○ No ○				

Have you ever been discharged from any position(s)? If yes, please provide details:

REFERENCES:			
List name and telephone numbers of business/work references. Do not list relatives.			
Name	Business or Home Address	Occupation	Phone

Applications will be evaluated on the basis of information provided. It is the applicant's responsibility to ensure that this information is thorough and complete. Failure to provide sufficient information that evidences possession of minimum qualifications will result in disqualification or nonconsideration. Only Human Resources Management (or the college dean for faculty positions) is authorized to extend offers of employment.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all answers I have given in the materials I have submitted in this 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 facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted. If selected for employment, I agree to be fingerprinted and/or undergo a medical examination, if required for the position. I understand that as a condition of employment, U.S. citizens are required to sign the State of California Oath of Allegiance and noncitizens are required to sign the Declaration of Permission to Work. CSULA only hires individuals lawfully authorized to work in the U.S. If hired, I agree to provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986.

If employed, I understand that, except as may be modified by an applicable collective bargaining agreement, and/or California state statute, my employment may be ended at any time, at the option of either CSULA or myself for any reason, with or without advance notice. This understanding cannot be changed except in writing by the campus President or his/her designee.

I understand that a copy of this application is available to me if I so desire. I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

Signature _____ Date _____

California State University, Los Angeles' annual security report can be obtained by contacting the department of Public Safety at (323)343-3700 or by accessing the Website at http://www.calstatela.edu/univ/police/docs/clery.pdf. The report includes statistics for the previous three years concerning reported crimes that occurred on campus; and off-campus jurisdictions that are contiguous, affiliated with, or adjacent to the property of California State University, Los Angeles. The report also includes University policies concerning campus security, such as policies on alcohol and drug use, crime prevention, the reporting of crimes, sexual assaults and other matters.