



Associated Students, Inc.

California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6011
(916) 278-5484

Employment Application

An Equal Opportunity Employer

_____ Date

Please Print

_____ Last Name _____ First Name _____ M.I. _____

Present Address

_____ No. & Street _____ City _____ State _____ Zip _____

(____) ____ - ____ (____) ____ - ____ _____
Cell Phone Home Phone E-Mail Address

Employment Desired

Position applying for: _____

How did you learn about Associated Students, Inc.? _____

Personal Information

Do you have any friends or relatives working for Associated Students, Inc. ? Yes No

If yes, state name(s) and relationship:

_____ Name _____ Relationship _____

_____ Name _____ Relationship _____

Are you currently enrolled as a student at CSUS? Yes No

Are you certified in CPR, First Aid, Lifeguarding? (*circle all that apply*)

Do you have a Class B Driver's License? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

If hired and you are under the age of 18, can you provide evidence of a valid work permit? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? 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.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Personal Information, continued

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education and Training

School	Name and Location	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	City _____ State _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	City _____ State _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	City _____ State _____			
Certifications/ Specialized Training	_____			

References

List below three persons not related to you who have knowledge of your work performance within the last three years that we may contact.

First Name	Last Name	(____) ____ - ____ Telephone No.
Occupation	No. of Years Acquainted	
First Name	Last Name	(____) ____ - ____ Telephone No.
Occupation	No. of Years Acquainted	
First Name	Last Name	(____) ____ - ____ Telephone No.
Occupation	No. of Years Acquainted	

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____	(____) ____ - ____		
Name of Employer	Telephone No.		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____	_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____	_____	Weekly Pay: _____	_____
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____	(____) ____ - ____		
Name of Employer	Telephone No.		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____	_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____	_____	Weekly Pay: _____	_____
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____	(____) ____ - ____		
Name of Employer	Telephone No.		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____	_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____	_____	Weekly Pay: _____	_____
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Associated Students, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Date

Applicant's Signature