

Employment History

Company: _____ Phone: _____

Supervisor Name: _____

Address: _____

Type of Business: _____

Business: _____

Job Title: _____

Responsibilities: _____

Dates of Employment

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Phone: _____

Supervisor Name: _____

Address: _____

Type of Business: _____

Business: _____

Job Title: _____

Responsibilities: _____

Dates of Employment

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Phone: _____

Supervisor Name: _____

Address: _____

Type of Business: _____

Business: _____

Job Title: _____

Responsibilities: _____

Dates of Employment

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Background Checks

If offered a position, a background check may be completed if the position for which you have applied requires it.

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.

Personal Information

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| Do you have any friends or relatives working for Associated Students, Inc. ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: _____ | Relationship: _____ | |
| Name: _____ | Relationship: _____ | |

Why are you applying for work at Associated Students, Inc.?

Do you have the following certification(s)? *Check all that apply.*

- | | |
|---|------------------------|
| <input type="checkbox"/> Adult CPR | Expiration Date: _____ |
| <input type="checkbox"/> Infant & Child CPR | Expiration Date: _____ |
| <input type="checkbox"/> First Aid | Expiration Date: _____ |
| <input type="checkbox"/> WFA or higher | Expiration Date: _____ |
| <input type="checkbox"/> Child Development Permit | |
| <input type="checkbox"/> Lifeguarding | Expiration Date: _____ |
| <input type="checkbox"/> Other | |

| | | |
|---|--------------------------|--------------------------|
| Do you have a Class B Driver's License? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| If hired, would you have reliable means of transportation to and from work? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you at least age 18? (if under age 18, hire is subject to verification that you are legal age or can provide a valid work permit) | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to perform the essential functions of the job which you are applying, either with or without reasonable accommodation? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If no, explain: _____
 (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.)

If Student Applicant Only:

| | | |
|---|--------------------------|--------------------------|
| Are you currently enrolled at Sacramento State? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been awarded Federal Work Study? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Please list your availability:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Total number of hours you are able to work per week? _____

When are you available to start? _____

References

Please list three professional references.

Full Name: _____ Phone: _____

Occupation: _____ No. of years acquainted: _____

Full Name: _____ Phone: _____

Occupation: _____ No. of years acquainted: _____

Full Name: _____ Phone: _____

Occupation: _____ No. of years acquainted: _____

Disclaimer and Signature

Please read carefully, initial each paragraph and sign below:

| | |
|-----------|--|
| Initials: | <p><i>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.</i></p> |
| Initials: | <p><i>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 person, 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.</i></p> |
| Initials: | <p><i>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.</i></p> |

Signature: _____ Date: _____

EEO VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL - FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, marital status or any other classification protected by Federal, state, or local law.

In order to comply with Federal and State law regarding employment data, ASI requests that you provide the following information. The information below will be used only in the compilation of data for legally required reporting and will be kept confidentially in a separate file. Completion of this data is strictly voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired.

Position Applied/Hired For: _____

Sex: Male Female Other (Circle appropriate response)

Race and Ethnic Identification:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

___ **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

Check appropriate categories:

(Check All That Apply)

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)

___ **I do not wish to provide the above information**

At Will/Equal Opportunity Employer

Children's Center Supplemental Questionnaire

CSUS Academic Major & Minor _____

Number of units this semester _____ Number of ECE units _____

Employment for classroom positions is contingent upon the attendance of paid staff trainings. These trainings are twice monthly on Mondays from 6:15-8:00 pm.

Are you able to attend the trainings? Yes No

Please indicate the position(s) you are most interested in working:

Student Assistant:

- Infants
- Toddlers
- Preschool/School-age
- Admin Office
- Kitchen

Student Assistant positions and hourly wages are dependent upon the number of Early Childhood units completed and previous experience. Go to the website for student assistant job descriptions (www.asi.csus.edu/children). In addition to a background check, employment with the ASI Children's Center is contingent upon completion of the following:

1. Current physical exam
2. Current T.B. clearance, Measles, Pertussis
3. Transcripts
4. Completed personnel paperwork