



**STUDENT ASSISTANT
EMPLOYMENT APPLICATION**

Position Title and Job # _____
(as indicated on posting)

(PLEASE TYPE OR PRINT)

P E R S O N A L	Last Name		First	Middle
	Street Address			Primary Telephone ()
	City, State, Zip			Alternate Telephone ()
	Email Address		Student ID #	
	Are you able to perform the essential functions of the job for which you are applying? (Click Here)			
	When can you start work? _____ How many hours a week are you available to work? __			
Do you have any relatives working on campus? (Click Here) If yes, list names: _____				
Relation: _____ Dept: _____				
Have you ever been discharged from a position? (Click Here) If yes, please explain: _____				

S K I L L S	List any special skills and/or training relevant to the position for which you are applying
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An Affirmative Action/Equal Opportunity/Title IX And Section 503/504 Employer.
Applicants requiring necessary accommodations to the application process may contact the Human Resources Office at (209) 667-3351.
California Relay Service is available at (800) 735-2922 voice and (800) 735-2929 TDD.

www.csustan.edu/HR

EMPLOYMENT HISTORY

List the most recent experience first, up to and including the last 5 years. Please complete in its entirety. Add additional pages if necessary.

1	Company Name	Name of Supervisor	Supervisor Telephone ()
	Address		Employed From-To (MM/DD/YY) / / - / /
	<u>Job Title:</u>		FT <input type="checkbox"/> PT <input type="checkbox"/> Hrs /week
	<u>Duties:</u>		Reason for Leaving

2	Company Name	Name of Supervisor	Supervisor Telephone ()
	Address		Employed From-To (MM/DD/YY) / / - / /
	<u>Job Title:</u>		FT <input type="checkbox"/> PT <input type="checkbox"/> Hrs /week
	<u>Duties:</u>		Reason for Leaving

3	Company Name	Name of Supervisor	Supervisor Telephone ()
	Address		Employed From-To (MM/DD/YY) / / - / /
	<u>Job Title:</u>		FT <input type="checkbox"/> PT <input type="checkbox"/> Hrs /week
	<u>Duties:</u>		Reason for Leaving

ADDITIONAL REFERENCES

In addition to the Supervisory References listed above, you may include other individuals familiar with your **work-related** qualifications here.

Name	Company	Job Title	Phone	Email

I affirm that all answers and statements in this application for employment are complete and true to the best of my knowledge and belief. I understand that any false statement or omission may be cause for rejection of my application or for my discharge after appointment. I understand that if applicable, fingerprinting may be required if I am selected for employment and that employment is contingent upon successful completion of a background check. I authorize the release of reference information from individuals familiar with my educational and work background to CSU Stanislaus. I understand this information is considered confidential and the content of any reference will not be made available to me. **I ALSO UNDERSTAND THAT IF HIRED, I MUST PROVIDE DOCUMENTATION ATTESTING TO MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.**

Signature of Applicant _____

Date: _____