CALIFORNIA STATE UNIVERSITY, STANISLAUS

Human Resources Office ♦ One University Circle ♦ Turlock, California ♦ 95382

Phone (209) 667-3351 ♦ Fax (209) 664-7011 ♦ www.csustan.edu/HR

**EMPLOYMENT APPLICATION PACKET**

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**INFORMATION FOR JOB APPLICANTS**

Thank you for considering CSU, Stanislaus for employment. Following is a brief overview of the application and hiring process used on campus for staff positions. If you have any questions after reading this information, please feel free to call the Human Resources Office.

1. **The application process is a test** of your ability to understand and follow written instructions as provided on the application, vacancy announcement, and this information sheet. Your application package represents you and is used by the hiring department to screen the pool of applicants down to those that will be given further consideration. It is important to be very thorough in the application process.

2. **Applications for employment are only accepted for vacant positions as they occur.** A separate complete application package must be submitted for each position vacancy. Application packets may be picked up in the Human Resources Office, located on the third floor of the Mary Stuart Rodgers Educational Gateway Building, room 320; or you may call (209) 667-3351 and leave your name, address and the job # to have a packet mailed to you. You may also visit our web site at www.csustan.edu/HR for job announcements and employment application packets.

3. **To allow for accurate review and consideration, your application must provide a complete and detailed description of your work experience.** When a certain number of years of experience isspecified as a job qualification, the *full-time equivalent* is required. For example, someone who hasfour years of half-time experience is considered to have two years full-time equivalent. It is to yourbenefit to be as thorough as possible because this information will be used to determine if you meetthe qualifications for the position. In addition to your complete application, a resume and/or letters ofrecommendation may be attached, even if they aren’t required.

Although you may attach a resume, it is still necessary to complete the Employment History on theback of the application form. You may refer to your resume for additional details or experience.

4. **After the closing date, all applications will be forwarded to the Hiring Department for further processing.** This stage takes approximately two to three weeks to complete. Those applicants whoare determined to be the most qualified for the position will be contacted by telephone for anappointment to be interviewed. Applicants who are not selected for an interview will receive writtennotification via the Applicant Notification Form (Form #83) **if** it was submitted with the applicationpackage. If the applicant did not submit the Applicant Notification Form, there is no further contactfrom the University regarding application status.

Before making a formal job offer, reference checks will be conducted. Those applicants interviewed and not selected for the position will receive a letter of notification to that effect.

It is the intent of CSU Stanislaus to hire only persons authorized to work in the United States. To comply with the Immigration Reform and Control Act of 1986, *employees* must provide proof of identity and authorization to work in the United States. Please do not include this confidential documentation in the application package, as it will be required only at the time of hire. Fingerprinting is also required for all positions.

Any person with a disability who needs accommodations during any phase of the recruitment process is encouraged to contact the Human Resources Office in advance.

NOTE: All application materials become the property of California State University, Stanislaus, and, unless specified otherwise, will not be returned to the applicant. Retain original letters of recommendation and certificates for your files and submit copies only.

CSU STANISLAUS IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/TI TLE IX/SECTION 503/504 EMPLOYER. QUALIFIED WOMEN, VETERANS, MINORITIES AND PERSONS WITH DISABILITIES ARE ENCOURAGED TO APPLY.

Equal Employment Opportunity

The university is an Equal Opportunity Employer and does not discriminate against persons on the basis of race, religion, color, ancestry, age, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, National origin, sex, sexual orientation, covered veteran status, or any other protected status. You can learn more about federal equal employment opportunity protections by accessing the Department of Labor’s notices:

<http://www.dol.gov/ofccp/regs/compliance/posters/pdf/eeopost.pdf> and <http://www.dol.gov/ofccp/regs/compliance/posters/pdf/Supplement_English.pdf>.

Individuals with disabling conditions who require accommodation during the recruitment process may contact the ADA Coordinator at (209) 667-3159.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

As a federal contractor, we are committed to attracting a diverse applicant pool. Please consider completing the attached self-identification forms. **The forms are not shared with the search committee.**

The forms include:

Voluntary Self-Identification of Disability

Voluntary Self-identification Form for Applicants

Mandated Reporter Per CANRA

The person holding this position is considered a ‘mandated reporter’ under the California Child Abuse And Neglect Reporting Act and is required to comply with the requirements set forth in CSU Executive Order 1083 as a condition of employment.

Clery Act Disclosure

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, crime report statistics are available at: <http://www.csustan.edu/UPD/pages/CampusCrimeStatistics/index.html>

Criminal Background Clearance Notice

The university requires a criminal and child abuse background check to be completed for many of its new employees, current employees seeking promotional or transfer opportunities, and current employees assigned new duties. Failure to consent to a background check will disqualify an applicant from further consideration. Additionally, an applicant who fails to provide the necessary information or who provides false or misleading information may also be disqualified from further consideration. Later discovery of false or misleading information related to the background check may subject the employee to disciplinary action, up to and including termination.

*California State University, Stanislaus*

*Attn. HUMAN RESOURCES OFFICE*

*One University Circle*

*Turlock, California 95382*

**APPLICATION FOR EMPLOYMENT**

*Position Title and Job #*

(PLEASE TYPE OR PRINT)

|  |  |  |  |
| --- | --- | --- | --- |
| **P**  **E**  **R**  **S**  **O**  **N**  **A**  **L** | Last Name | First | Middle Initial |
| Street Address | | Primary Telephone  (     ) |
| City, State, Zip | | Alternate Telephone  (     ) |
| Email Address | | |
| Are you able to perform the essential functions of the job for which you are applying?  Have you ever worked for the State of California?  If yes, list agency & dates:  Were you ever a member of CalPERS? If yes, did you withdraw your contributions?  Do you have *any* relatives working on campus? If yes, list names:  Relation:       Dept:  When can you start work?       Full-Time  Part-Time  (Hours desired:     )  Have you ever been discharged from a position? If yes, please explain: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **E**  **D**  **U**  **C**  **A**  **T**  **I**  **O**  **N** | **Name and Location of School** | **Specialty or Major** | **Degree earned** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **S**  **K**  **I**  **L**  **L**  **S** | List any special skills/training relevant to the position for which you are applying. |
|  |

**EMPLOYMENT HISTORY**

(List most recent first. Please complete in its entirety & use additional sheets for

additional employers.)

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Company Name | Name of Supervisor | Supervisor Telephone  (     ) |
| Address | | Employed From-To (MM/DD/YY)    /  /     - |
| Job Title:  Duties: | | Salary       Per |
| FT  PT  Hrs:  /week |
| Reason for Leaving |

|  |  |  |  |
| --- | --- | --- | --- |
| **2** | Company Name | Name of Supervisor | Supervisor Telephone  (     ) |
| Address | | Employed From-To (MM/DD/YY)    /  /     - |
| Job Title:  Duties: | | Salary       Per |
| FT  PT  Hrs:  /week |
| Reason for Leaving |

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | Company Name | Name of Supervisor | Supervisor Telephone  (     ) |
| Address | | Employed From-To (MM/DD/YY)    /  /     - |
| Job Title:  Duties: | | Salary       Per |
| FT  PT  Hrs:  /week |
| Reason for Leaving |

***Please use additional sheets for additional employers.***

**ADDITIONAL SUPERVISORY REFERENCES**

List ONLY past and current supervisors NOT

related to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 fingerprinting will be required if I am selected for employment and that continued 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:

**Note: Offers of employment are contingent upon willingness to sign the loyalty oath.**

**APPLICANT NOTIFICATION FORM**

**Position Title**       **Job Number**

**If you, the applicant, wish to be notified in the event that you are NOT selected for a personal interview for this position, please indicate position title and job number in the spaces above, and print your name and address on the bottom of this form.**

**IN ORDER TO RECEIVE THIS NOTICE, THE COMPLETED FORM MUST BE TURNED IN AT THE TIME YOU APPLY FOR THE POSITION.**

Dear Applicant: Thank you for applying for employment at CSU Stanislaus. Please refer to the box checked below for the status of your application.

□ After completion of the screening process by the department, other candidates, who more closely met the job-related selection criteria, were selected to proceed to the interviewing phase of this recruitment.

□ We were unable to forward your application to the hiring department for the following reason:

□ Your application was postmarked/received after the closing date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ Due to provisions of our Collective Bargaining Agreements, this recruitment is limited to current CSU Stanislaus employees only; therefore, your application is not eligible for further consideration.

□ Due to unforeseen circumstances, recruitment for this position has been cancelled.

□ This position has been filled.

We appreciate your interest in California State University, Stanislaus and hope you will apply for other positions in the future. For a current listing

of job openings, please visit our web address at www.csustan.edu/HR. We wish you the best of luck in your job search endeavors.

HR Form #83 (1/01)

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California State University, Stanislaus

One University Circle

Turlock, CA 95382

Mail Code \_\_\_\_\_\_\_

To:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYMENT APPLICANTS** | | |
| It is CSU policy to provide equal employment opportunity and to advance in employment all qualified individuals without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex, gender identity, gender expression, age (over 40), sexual orientation, or protected veteran status.  The CSU is interested in monitoring the effectiveness of our recruitment efforts and the diversity of our workforce. This form has been developed to assist us in these efforts, and in collecting data that is required for compliance with State and Federal laws, including Executive Order 11246, the Vietnam Era Veterans’ Readustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, and Section 503 of the Rehabilitation Act of 1973, as amended.  This form, and any data submitted on the form, will be kept separate from your application and resume and will not be accessible by anyone involved with making recommendations or decisions regarding selection or hiring for this job. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.  If you have a disability and need accommodation, please contact the Human Resources or Faculty Affairs Office to begin an interactive discussion to identify and provide you a reasonable accommodation. | | | |
| **Applicant Name** (Last, First, Middle Initial) | | | **Job Number** |
| **Ethnicity.** Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | | | |
| Yes No | | | |
| **Race.** Regardless of your answer to the above question, you may select one or more of the following categories that apply to you: | | | |
| CATEGORY | | DEFINITION OF CATEGORY | |
| **American Indian or Alaska Native** | | A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment. | |
| **Asian**  Asian Indian  Cambodian  Chinese  Filipino  Japanese  Korean  Laotian  Vietnamese  Other Asian | | 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. | |
| **Black or African American** | | A person having origins in any of the black racial groups of Africa. | |
| **Native Hawaiian or Other Pacific Islander**  Guamanian  Hawaiian  Samoan  Other Native Hawaiian or  Other Pacific Islander | | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
| **White** | | A person having origins in any of the original peoples of Europe, the  Middle East, or North Africa. | |
| **Gender.** Please select one of the following: | | | |
| Male  Female | | | |

|  |  |  |
| --- | --- | --- |
|  | **VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYMENT APPLICANTS** | |
| **Protected** **Veterans.** | | |
| ***Definition***  This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U. S. C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:  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 * 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. | | |
| ***Self Identification***  If you believe you belong to any of the categories of protected veterans listed above, 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.  I identify as one or more of the classifications of protected veteran listed  Disabled veteran  Recently separated veteran Date of discharge:  Active wartime or campaign badge veteran  Armed forces service medal veteran  I am a protected veteran, but I choose not to self-identify the classification to which I belong  I am not a protected veteran  I am not a veteran | | |
| **Applicant’s Name (Last, First, Middle Initial):** | | **Job Number:** |
|  | |  |
| *Revised* *3/27/2014* | | |

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2017

|  |
| --- |
| Why are you being asked to complete this form? |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[[1]](#endnote-1)  To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

|  |
| --- |
| How do I know if I have a disability? |

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|  |  |  |  |
| --- | --- | --- | --- |
| * Blindness | * Autism | * Bipolar disorder | * Post-traumatic stress disorder (PTSD) |
| * Deafness | * Cerebral palsy | * Major depression | * Obsessive compulsive disorder |
| * Cancer | * HIV/AIDS | * Multiple sclerosis (MS) | * Impairments requiring the use of a wheelchair |
| * Diabetes * Epilepsy | * Schizophrenia * Muscular dystrophy | * Missing limbs or partially missing limbs | * Intellectual disability (previously called mental retardation) |
|  |  |  |  |

**Please check one of the boxes below:**

|  |  |
| --- | --- |
|  | YES, I HAVE A DISABILITY (or previously had a disability) |
|  | NO, I DON’T HAVE A DISABILITY |
|  | I DON’T WISH TO ANSWER |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your Name Today’s Date

|  |
| --- |
| Reasonable Accommodation Notice |

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1. і Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

   **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. [↑](#endnote-ref-1)