

STUDENT 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 Initial
	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?		
	Do you have <i>any</i> relatives working on campus? <div style="display: flex; justify-content: space-around;"> Relation: Dept: </div>		
When can you start work? (Hours desired:)			
Have you ever been discharged from a position? If yes, please explain:			

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

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 needed.)

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

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

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

Please use additional sheets for additional employers.

ADDITIONAL SUPERVISORY REFERENCES

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

Name	Company/Relation	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: _____