Reset Form

California State University, Fresno Auxiliary Corporations

2771 E. Shaw Avenue, Fresno, CA 93710 · www.auxiliary.com · Fax: (559) 278-0988 · HRAUX@LISTSERV.csufresno.edu

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS

Please Print Date: _____

Name: _____
(Last) *(First)* *(MI)*

Address: _____
(Number & Street) *(City)* *(State)* *(Zip)*

Telephone: _____ _____ _____
(Home) *(Work)* *(Cell)*

Email: _____

Employment Desired

Position applying for: _____ Department: _____

What days and hours are you available for work? _____

Are you available for work on weekends? ..... ☐ Yes ☐ No

Would you be available for overtime, if necessary? ..... ☐ Yes ☐ No

If hired, on what day can you start work? ..... _____

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	Name Address City State Zip	____	☐ Yes ☐ No	
College/ University	Name Address City State Zip	____	☐ Yes ☐ No	
Vocational/ Business	Name Address City State Zip	____	☐ Yes ☐ No	
Other	Name Address City State Zip	____	☐ Yes ☐ No	

Please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: _____ State: _____ Class: _____

Languages you speak, read or write fluently in addition to English: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at California State University, Fresno Auxiliary Corporations? ..... ☐ Yes ☐ No

If so, please explain: _____

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Employment History

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

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: *From* *To*

Your Supervisor's Name

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: *From* *To*

Your Supervisor's Name

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: *From* *To*

Your Supervisor's Name

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: *From* *To*

Your Supervisor's Name

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference? ☐ Yes ☐ No

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Personal Information

Have you ever applied to or worked for California State University, Fresno Auxiliary Corporations (which include the Association, the Agricultural Foundation, and the Foundation) before?..... ☐ Yes ☐ No
If yes, for which corporation and when? _____

Do you have friends or relatives working for California State University, Fresno Auxiliary Corporations? ..... ☐ Yes ☐ No
If yes, state name, relationship and organization:

_____
Name *Relationship* *Organization*

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

If hired, can you provide evidence of your legal right to work in the United States? ..... ☐ 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.)

Are you currently employed? ..... ☐ Yes ☐ No

If so, may we contact your current employer? ..... ☐ Yes ☐ No

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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 hereby authorize the company 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.

_____ 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

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FRESNO STATE

Auxiliary Services

STUDENT CLASS SCHEDULE

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Please place an "X" in each box during the time of your class.

Semester: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							

Equal Employment Opportunity Data

To be completed by applicant:

_____
Application Date

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Position Applied for: _____ Department: _____

Gender: ☐ Male ☐ Female

Race/Ethnicity:
- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Black
- ☐ Hispanic
- ☐ White

Method of referral for employment at California State University, Fresno Auxiliary Corporations:

- ☐ Fresno State employee
- ☐ Newspaper advertisement
- ☐ Internet
- ☐ Friend/Relative
- ☐ Fresno State Auxiliary Corporations employee
- ☐ Auxiliary Job Announcement
- ☐ Employment Agency
- ☐ Other: _____

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran
- ☐ Other Veteran
- ☐ Individual with a Disability

To be completed by employer:

EEO-1 Category:
- ☐ 1. Officials and managers
- ☐ 2. Professionals
- ☐ 3. Technicians
- ☐ 4. Sales
- ☐ 5. Office and clerical
- ☐ 6. Crafts – skilled
- ☐ 7. Operatives – semi-skilled
- ☐ 8. Laborers – unskilled
- ☐ 9. Service workers

Employer information completed by:

_____
Name

_____
Date