

box.

Typing

## California State University, Fresno Auxiliary Corporations

2771 E. Shaw Avenue, Fresno, CA 93710 · www.auxiliary.com · Fax: (559) 278-0988 · auxiliary-hr@mail.fresnostate.edu

EMPLOYMENT APPLICATION FOR FULL-TIME POSITIONS									
Please Print							Date:		
Name:									
Address:	(Last)		(First)		(MI)				
	(Number	& Street)		(City)	(Si	tate)			(Zip)
Telephone: (	<u>_</u> )	_	() (Work)		(_	) _ (Cell	Phone	<u>.</u> )	
Email:									
Employment De	esired								
Are you available Would you be ava	for wor ilable fo	you available for work on weekends?or overtime, if necessyou start work?	ssary?					ment:	Yes No No
			Education,	Training and I	Experience				
School	Name	and Address			No. of years Completed		Did Grad		Degree Or Diploma
High School						□Y		□No	
	Name					🗀 1	CS		
	Addres	S							
	City	State	<u> </u>	Zip					
College/		S.W.		2.19					
University	Name					□ Y	es	☐ No	
	Addres								
	Addres	s							
Vocational/	City	State	e	Zip					
Business	N					□ Y	es	☐ No	
	Name								
	Addres	s							
	City	State	e	Zip					
Other						$  \Box Y$	es	□No	
	Name					-	CS		
	Addres	s							
	City	State	<u>a</u>	Zip					
	City	Stati	<u> </u>	Zip		I			
Our organization re		W. 1B	Expert	Competent	Some Experi	ience	No E	Experience	Application Used
heavily on the use of computers. Regardl		Word Processing							
the type of position	for	Spreadsheet Database		1					
which you are apply	ing,	Email							
please indicate your of competence by	ievel	Internet/Web							
checking the approp	oriate	Graphics							

WPM

Experience:

Years

Typing Speed:

## **Education, Training and Experience (continued)** 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: \_ State: \_\_\_\_ Class: \_\_\_\_ Driver's License Number: Languages you speak, read or write fluently in addition to English: Are you licensed/certified for the job applied for if listed as requirement on job announcement? ...... Yes ☐ No If yes, describe: \_\_\_ 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 $\square$ No If so, please explain: **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?....... No If yes, state name, relationship and organization: Name Relationship Organization Name Relationship Organization If hired, would you have a reliable means of transportation to and from work?..... Yes □No Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum ☐ No Yes legal age.) If hired, can you provide evidence of your legal right to work in the United States?..... ☐ No Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? □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? ☐ No **Military Service** Have you obtained any special skills or abilities as the result of service in the military? ..... ☐ Yes □ No Describe: Branch of Service: Period of Active Duty: Date of Final Discharge: Rank at Discharge: Have you obtained any special skills or abilities as the result of service in the military? Describe: Branch of Service: Period of Active Duty:

Date of Final Discharge:

Rank at Discharge:

## **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. Dates of Employment: Name of Employer То From Type of Business Your Supervisor's Name Street Address Telephone No. Your Reason for Leaving: City State Your Position and Duties: May we contact this employer for a reference? Dates of Employment: Name of Employer From ToType of Business Your Supervisor's Name Street Address Telephone No. Your Reason for Leaving: City State Your Position and Duties: May we contact this employer for a reference? Yes ☐ No Dates of Employment: Name of Employer То Type of Business Your Supervisor's Name Telephone No. Street Address Your Reason for Leaving: City State Zip Your Position and Duties: May we contact this employer for a reference? Yes □ No Dates of Employment: Name of Employer From То Type of Business Your Supervisor's Name Street Address Telephone No. Your Reason for Leaving: City State Zip Your Position and Duties: May we contact this employer for a reference?

☐ No

☐ Yes

References

1.

Date

Applicant's Signature

Street Address   City   No. of Years Acquainted:     City   No. of Years Acquainted:   City   State   City   Code    Street Address   City   State   City   Code    Occupation:   No. of Years Acquainted:   City   Code    First Name   Last Name   Last Name   City   Code    Street Address   City   Code   City   City	ГІ	First Name	Last Name		1	elephone No.		
First Name  Last Name  Street Address City Occupation: No. of Years Acquainted:  First Name Last Name  Last Name  City State  Zip Code  Code  Telephone No.  Street Address City State Zip Code			2			Zip Code		
First Name  Last Name  Street Address City Occupation: No. of Years Acquainted:  First Name Last Name  Last Name  City State  Zip Code  Code  Telephone No.  Street Address City State Zip Code	2				(	) -		
Occupation: No. of Years Acquainted:  3		First Name	Last Name		T	elephone No.		
3. Telephone No. Street Address City State Zip Code						Zip Code		
First Name Last Name Telephone No.  Street Address City State Zip Code	O	Occupation: _	No. of Years Acquainted:					
Street Address City State Zip Code	3.				(	) -		
		First Name	Last Name		T	elephone No.		
Occupation: No. of Years Acquainted:	St	Street Address	Sis City	State	Ž	Zip Code		
	Oc	Occupation: _	No. of Years Acquainted:					
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employm and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersig applicant, have personally completed this application. I understand that any omission or misstatement of material fact this application or on any document used to secure employment shall be grounds for rejection of this application or 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 my suitability for employment and, further, authorize the references I have listed to disclose to the company any and letters, reports and other information related to my work records, without giving me prior notice of such disclosure. addition, I hereby release the company, my former employers and all other persons, corporations, partnerships associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation disclosure.  I understand that nothing contained in the application, or conveyed during any interview which may be granted or during employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand agree that if I am employed, my employment is for no definite or determinable period and may be terminated at a time, with or without prior notice, at the option of either myself or the company, and that no promises or representation contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designar representative.		and ti applic this a imme  I here my so letter additt assoc disclo  I und emple and a time, contr	that the answers given by me a licant, have personally complet application or on any docume nediate discharge if I am employment and the suitability for employment and ers, reports and other information, I hereby release the concidency from any and all claim closure.  I derstand that nothing contained bloyment, if hired, is intended to agree that if I am employed, re, with or without prior notice, trary to the foregoing are binding	are true and correct to the sed this application. I uner true used to secure employed, regardless of the time thoroughly investigate my d, further, authorize the ron related to my work rempany, my former empress, demands or liabilities in the application, or concernate an employment concernate an employment is for no at the option of either my	best of my knowledge. I derstand that any omission yment shall be grounds for e elapsed before discovery references, work record, of eferences I have listed to ecords, without giving me loyers and all other personal sarising out of or in any eveyed during any interview ontract between me and the definite or determinable payself or the company, and	further certify to nor misstateme or rejection of to.  education and o disclose to the exprior notice of sons, corporation way related to to which may be expressed and may distant no promise.	that I, the under ent of material this application other matters rel company any f such disclosu ons, partnership such investigate e granted or dur addition, I under the terminated ses or represent	ssigned fact on a or for lated to and all ire. In ps and ition or ing my erstand at any itations

Equal Employment Opportunity Data						
Γο be completed by applicant:  Application Date						
employment. We are required by	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:					
Sex: Male	☐ Female					
Race/Ethnicity:	American Indian/Alaskan Native Asian/Pacific Islander Black Hispanic White					
Act of 1973 and the Vietnam Era	e affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will reasonable accommodation. If you wish to be identified as qualifying for such placement or ere applicable:					
☐ Vietnam Era Ve☐ Disabled Vetera						
Method of referral for employmen	nt at California State University, Fresno Auxiliary Corporations:					
<u></u>	_					

Act of 1973 a assist us in pr	and the Vietnam Era Veterans Readjust	ment Act	by and advance certain qualified individuals subject to the Rehabilitation of 1974. Completion of the following information is voluntary, and will If you wish to be identified as qualifying for such placement or
	Vietnam Era Veteran Disabled Veteran		Other Veteran Individual with a Disability
Method of re	ferral for employment at California Sta	te Univer	sity, Fresno Auxiliary Corporations:
	Fresno State employee Newspaper advertisement Internet Friend/Relative		Fresno State Auxiliary Services employee Auxiliary Job Announcement Employment Agency Other
To be comple	eted by employer:		
EEO-1 Categ	ory:  1. Officials and mana 2. Professionals 3. Technicians 4. Sales 5. Office and clerical		<ul> <li>6. Crafts – skilled</li> <li>7. Operatives – semi-skilled</li> <li>8. Laborers – unskilled</li> <li>9. Service workers</li> </ul>
Employer inf	formation completed by:		
Name			Date

Other Veterans includes those who served in a "war" and those who served in a campaign or on an expedition for which a campaign badge has been awarded.

Campaigns and Expeditions Which Qualify for Veterans' Preference

Campaign or Expedition	Inclusive dates
<b>Armed Forces Expeditionary Medal (AFEM)</b> A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to present; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 – 13, 1975
Congo	July 14, 1960 to September 1, 1962, and November 23 to 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Grenada (operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operation Northern Watch)	January 1, 1997 to present
Korea	October 1, 1966 to June 30, 1974
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1, 1958, and June 1, 1983 to December 1, 1987
Mayaguez Operation	May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12 – 17, 1986
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995 to present
Quemoy and Matsu Islands	August 23, 1958 to June 1, 1963
Somalia (Operation Restore Hope)	December 5, 1992 to March 31, 1995
Taiwan Straits	August 23, 1958 to January 1, 1959
Thailand	May 16, 1962 to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975 to April 30, 1975
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965

Navy expeditionary Medal and Marine Corps Medal for these Operations:

Campaign or Expedition	Inclusive dates
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and
	February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant Runner)	April 7 – 18, 1994
Thailand	May 16 – August 10, 1962

Other Campaign and Service Medals Qualifying for Preference:

Campaign or Expedition	Inclusive dates
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of German (Exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korean Service	June 27, 1950 to July 27, 1954
Navy Occupation of Austria	May 8, 1945 to October 25, 1955
Navy Occupation of Trieste	May 8, 1945, to October 25, 1954
Southwest Asia Service Medal (SWASM)	August 2, 1990 to November 30, 1995
(Operations Desert Shield and Desert Storm)	
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973