# Logo with no tagline

# **California State University, Fresno Auxiliary Corporations**

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

**EMPLOYMENT APPLICATION FOR FULL-TIME POSITIONS**

**Please Print** Date:

Name:

 *(Last) (First) (MI)*

Address:

 *(Number & Street) (City) (State) (Zip)*

Telephone: (     )       (     )       (     )

 *(Home) (Work) (Cell Phone)*

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** |       |       | [ ]  Yes | [ ]  No |       |
| Name |  |
|  |       |  |
|  | Address |
|  |                   |  |
|  | City State Zip |  |  |
| **College/****University** |       |       | [ ]  Yes | [ ]  No |       |
| Name |  |
|  |       |  |
|  | Address |
|  |                   |
|  | City State Zip |  |  |
| **Vocational/****Business** |       |       | [ ]  Yes | [ ]  No |       |
| Name |  |
|  |       |  |
|  | Address |
|  |                   |
|  | City State Zip  |  |  |
| **Other** |       |       | [ ]  Yes | [ ]  No |       |
| Name |  |  |
|  |       |  |
|  | Address |
|  |                   |
|  | City State Zip |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Our organization relies heavily on the use of computers. Regardless of the type of position for which you are applying, please indicate your level of competence by checking the appropriate box.** |  | **Expert** | **Competent** | **Some Experience** | **No Experience** | **Application Used** |
| Word Processing |  |  |  |  |  |
| Spreadsheet |  |  |  |  |  |
| Database |  |  |  |  |  |
| Email |  |  |  |  |  |
| Internet/Web |  |  |  |  |  |
| Graphics |  |  |  |  |  |
| Typing | Typing Speed:      WPM | Experience:       Years |   |

**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:

 Driver’s License Number:       State:       Class:

 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 [ ]  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? [ ]  Yes [ ]  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

legal age.) [ ]  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

**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: |       |  To |       |
| Rank at Discharge: |       |  | Date of Final Discharge:  |       |
| 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: |       |  To |       |
| Rank at Discharge: |       |  | Date of Final 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* |  |  | *From* | *To* |
|       |  |       |
| *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*? |
|       |  |  |  | [ ]  Yes |  | [ ]  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | *Dates of Employment****:*** |  |  |  |  |
| *Name of Employer* |  |  | *From* | *To* |
|       |  |       |
| *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*? |
|       |  |  |  | [ ]  Yes |  | [ ]  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | *Dates of Employment****:*** |  |  |  |  |
| *Name of Employer* |  |  | *From* | *To* |
|       |  |       |
| *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*? |
|       |  |  |  | [ ]  Yes |  | [ ]  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | *Dates of Employment****:*** |  |  |  |  |
| *Name of Employer* |  |  | *From* | *To* |
|       |  |       |
| *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*? |
|       |  |  |  | [ ]  Yes |  | [ ]  No |

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

1.             (     )      -

 *First Name Last Name Telephone No.*

 *Street Address City State Zip Code*

 *Occupation:*       *No. of Years Acquainted:*

2.             (     )      -

 *First Name Last Name Telephone No.*

 *Street Address City State Zip Code*

 *Occupation:*       *No. of Years Acquainted:*

3.             (     )      -

 *First Name Last Name Telephone No.*

 *Street Address City State Zip Code*

 *Occupation:*       *No. of Years Acquainted:*

**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*

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:

Sex: [ ]  Male [ ]  Female

Race/Ethnicity: [ ]  American Indian/Alaskan Native

 [ ]  Asian/Pacific Islander

 [ ]  Black

 [ ]  Hispanic

 [ ]  White

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 [ ]  Other Veteran

[ ]  Disabled Veteran [ ]  Individual with a Disability

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

[ ]  Fresno State employee [ ]  Fresno State Auxiliary Services employee

[ ]  Newspaper advertisement [ ]  Auxiliary Job Announcement

[ ]  Internet [ ]  Employment Agency

[ ]  Friend/Relative [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by employer:

EEO-1 Category: [ ]  1. Officials and managers [ ]  6. Crafts – skilled

 [ ]  2. Professionals [ ]  7. Operatives – semi-skilled

 [ ]  3. Technicians [ ]  8. Laborers – unskilled

 [ ]  4. Sales [ ]  9. Service workers

 [ ]  5. Office and clerical

Employer information 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 |
| **Armed Forces Expeditionary Medal (AFEM)** 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, andNovember 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, andJune 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 andFebruary 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) (Operations Desert Shield and Desert Storm) | August 2, 1990 to November 30, 1995 |
| Units of the Sixth Fleet (Navy) | May 9, 1945 to October 25, 1955 |
| Vietnam Service Medal (VSM) | July 4, 1965 to March 28, 1973 |