

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS

Date: _____

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

Address: _____
(Street Address) (City, State, Zip)

Contact Phone Number: (____) _____ Alternate Phone Number (if applicable): (____) _____

Email: _____

EMPLOYMENT DESIRED

Position Applying For: _____ Department: _____
Please indicate **one** position per application

What days and hours are you available for work? _____

Are you available for work on weekends (if required by the position)? Yes No

Would you be available for overtime (if required by the position)? Yes No

If hired, 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City, State, Zip			
College/ University	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City, State, Zip			
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City, State, Zip			

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 for California State University, Fresno Auxiliary Services? Yes No

If so, please explain: _____

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.

<i>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Your Position and Duties:</i>	<i>Your Reason for Leaving:</i> <i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Your Position and Duties:</i>	<i>Your Reason for Leaving:</i> <i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Your Position and Duties:</i>	<i>Your Reason for Leaving:</i> <i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Your Position and Duties:</i>	<i>Your Reason for Leaving:</i> <i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

FRESNO STATE

Auxiliary Services

STUDENT CLASS SCHEDULE

Name: _____

Address: _____

Contact Phone: _____

Email Address: _____

Please place an "X" in each box during the time of your class. This indicates when you are not available.

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.							