

California State University, Fresno Auxiliary Human Resources

(559) 278-0865 | auxiliary-hr@mail.fresnostate.edu

Auxiliary Services

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS										
		Date:								
Applicant Name:	:									
т.рр.:са	(Last) (First)		(MI)							
Address:										
Address.	(Street Address) (City, State, Zip)									
Contact Phone N	Contact Phone Number: () Alternate Phone Number (if applicable): ()									
Email:										
EMPLOYMENT DESIRED										
Position Applyin			Department:							
14 /b = 4 = 1 = 1 = 1 = 1 = 1	Please indicate one position per application									
	nours are you available for work?									
	e for work on weekends (if required by the positi									
Would you be av	vailable for overtime (if required by the position)	?		Yes No						
If hired, what da	y 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	Name		Yes No							
	Address									
	City, State, Zip									
Other			☐ Yes ☐ No							
	Name									
	Address									
	City, State, Zip									
Please provide tl	he following information and indicate the skills y	ou possess only if they	are a requirement of t	he position for which						
you are applying: Driver's License Number: State: Class: Class:										
	License Number: ges you speak, read, or write fluently in addition									
Do you have any	other experience, training, qualifications or skill fornia State University, Fresno Auxiliary Services	s which you feel make?	you especially suited	Yes No						

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 Franciscosts
Name of Employer	Dates of Employment: 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	
	Your Reason for Leaving:
City State Zip Your Position and Duties:	
	May we contact this employer for a reference?
	Yes No
	2. (5.)
Name of Employer	Dates of Employment: To
Type of Business	Your Supervisor's Name
Street Address	Telephone No.
City State 7in	Your Reason for Leaving:
City State Zip Your Position and Duties:	
	May we contact this employer for a reference?
	Yes No
Name of Employer	Dates of Employment: To
Name of Employer	
Type of Business	Your Supervisor's Name
Street Address	Telephone No. Your Reason for Leaving:
City State Zip	Tour neason for Leaving.
Your Position and Duties:	
	May we contact this employer for a reference?

PERSONAL INFORMATION Have you ever applied to or worked for California State University, Fresno Auxiliary Services before? (Includes: California State University, Fresno Association, Inc., Foundation, Programs for Children, Agricultural Foundation, Associated Students, Inc. and/or Fresno State Athletic Corporation) No Yes If yes, for which corporation and when? Do you have friends or relatives working for California State University, Fresno Auxiliary Services? Yes No If yes, state name, relationship, and organization: Name Organization Relationship If hired, would you have a reliable means of transportation to and from work? l lNo If hired, can you provide evidence of your legal right to work in the United States? 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 l No Yes If so, may we contact your current employer? 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.

Applicant's Signature

Date



Auxiliary Services

STUDENT CLASS SCHEDULE

Name:

8:00 p.m.

Address:											
Contact Phone:											
Please place an "X" in each box during the time of your class. This indicates when you are <u>not</u> 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.											