



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

EMPLOYMENT APPLICATION PACKET

In order to be considered for employment with UAS, Inc., the following forms should be completed:

1. Employment Application (required)
2. Conviction Disclosure form (required)
3. Affirmative Action Survey (voluntary)

The information obtained from forms 1 and 2 is confidential and not a factor in consideration for employment.

Please submit all pages of this packet to:

Human Resources Management
California State University, Los Angeles
5151 State University Drive
Los Angeles, Ca. 90032-8534

Email: jobopenings@cslanet.calstatela.edu

Human Resource Management Use Only

- | | |
|--|---|
| <input type="checkbox"/> Application logged in | |
| <input type="checkbox"/> Receipt acknowledgement mailed | |
| <input type="checkbox"/> Application forwarded to department | Date sent _____ Date returned _____ |
| <input type="checkbox"/> Interview scheduled | |
| <input type="checkbox"/> Reference check | <input type="checkbox"/> FCRA disclosure signed |

EMPLOYMENT APPLICATION



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

Position Title:			
Reference Number:		Date available to start work:	
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		List other names used to assist us in checking your references and background	
<i>(Last)</i>			
<i>(First)</i>			
<i>(Middle)</i>			
Home Phone	Cell Phone	Business Phone	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			Apt. no.
City		State	Zip
E-mail Address			
Can you provide verification of your right to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to anyone employed by Cal State L.A. or UAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following: (use separate sheet if more than one relative)			
Name	Relationship	Department	
Were you previously employed by UAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?			

EMPLOYMENT HISTORY - List present or most recent employment first. Include any volunteer work that relates to the position for which you are applying. If you were unemployed for any period, state the nature of your activities. Attach additional sheets if necessary. Please complete this section, even if accompanied by a resume.

Name of Present or Last Employer (Company Name)			Address:		Telephone: ()					
Employed: (month/year)	From	To	Describe Duties:							
Position Title							PT <input type="checkbox"/>		FT <input type="checkbox"/>	
Name & Title of Immediate Supervisor										
Reason for Leaving		Salary								
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start	Final							

EMPLOYMENT APPLICATION

Name of Previous Employer (Company Name)			Address:		Telephone: ()
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor					
Reason for Leaving	Salary				
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start	Final			
Name of Previous Employer (Company Name)			Address:		Telephone: ()
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor					
Reason for Leaving	Salary				
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start	Final			
Name of Previous Employer (Company Name)			Address:		Telephone: ()
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor					
Reason for Leaving	Salary				
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start	Final			

EDUCATION – List schools attended (include military training and/or related courses)

High School Attended (name and location)			
Secondary education (name and location)	Total Credit Hours	Degree Earned	Major/Minor Subject

Please note: For positions that require a degree, an official copy of your transcript will be required upon employment.

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SKILLS – list skills applicable to position

List valid licenses or certificates:
Computer Programs:
Keyboarding WPM:
Other skills:

OTHER QUALIFICATIONS

Have you entered into any agreements with any former employer or other entity (for example, an agreement not to compete or a confidentiality agreement) that may affect your ability to work for UAS? Yes No

If you answered “yes” please provide us with a copy of any such agreement(s)

Can you Travel if required by the positions? Yes No

Do you have a vehicle available for your use if needed for the position? Yes No

If you have qualifications which especially equip you to work with culturally diverse and/or minority groups and multi ethnic programs please include a description:

REFERENCES - List three professional references

Name of Reference	Title of Reference	Name of Institution	Work Address	Business Telephone

UAS is an equal opportunity employer subject to all state, federal and CSU regulations pertaining to non-discrimination based on race, national origin, religion, disability, marital status, age, veteran status, pregnancy, gender, and sexual orientation. Upon request, reasonable accommodation will be provided to individuals with protected disabilities to complete the employment process and perform essential job functions.

Do you require reasonable accommodations to perform the essential functions of the position? Yes No

If Yes please describe:

EMPLOYMENT APPLICATION

**THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED,
AND ALL STATEMENTS BELOW HAVE BEEN READ CAREFULLY**

- I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment for any specified period. If hired, I will be employed at will; I understand that this means that either I am or UAS is free to terminate the employment relationship at any time with or without cause or prior notice.
- I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire me or, if I am hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- I understand that no representative of UAS other than the Executive Director has any authority to enter into an agreement for employment for any specified period of time or in any way to modify the at-will nature of the employment relationship. I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement as a condition of employment. I further understand that, at a minimum, such agreement will prohibit the use and disclosure by me of certain information that I have acquired during my employment.
- I also understand that as a condition of employment, I may be required to enter into an arbitration agreement with the Company, whereby disputes regarding my employment will be resolved by arbitration and not in court.
- I understand that if I am considered for a driving position, I may be subject to all DOT regulations as they may apply to the position, including those regulations regarding physical examinations, and drug and alcohol testing procedures.
- I understand that employment is contingent upon the receipt of documents verifying employment eligibility.

Signature of Applicant _____

Date _____

REFERENCE CHECK AUTHORIZATION

I hereby authorize any former employer or educator to furnish University Auxiliary Services, Inc. a reference and all information pertaining to me while I was an employee/student of the organization. A photocopy of this authorization shall be deemed as valid as the original.

Name _____

Signature _____

Date _____

EMPLOYMENT APPLICATION



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

AFFIRMATIVE ACTION SURVEY FORM (voluntary)

DEAR APPLICANT:

UAS is interested in reaching the broadest possible group of qualified applicants. We continuously monitor the effectiveness of our recruiting efforts by collecting important data required for compliance with various State and Federal reporting.

Completing this form will be most helpful to us in carrying out our administrative responsibilities. Return of this form is entirely voluntary. This form shall be retained in the UAS Human Resources Office and will not be made available to the hiring department. **Thank you for your cooperation!**

Please provide the information requested below:

Position applied for: _____

Gender: Male Female

ETHNIC ORIGIN: Please click the box corresponding to the ethnic origin with which you most closely identify.
Click one box only.

- Black (Not Hispanic) – Person of Black African descent.
- Asian – Person of Japanese, Chinese, Korean, Vietnamese, Asian Indian, Thai or similar descent other than Pacific Islander or Filipino.
- Hispanic – Person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish descent.
- White (Not Hispanic) – Person of European, North African or Middle Eastern descent.
- Pacific Islander – Person of Hawaiian, Samoan, Guamanian, Polynesian, Fiji or Tahitian descent.
- Native American – Person of American Indian, Eskimo, or persons of origins in any of the original peoples of North America.
- Filipino – Person of Filipino descent.
- Unknown

REFERRAL SOURCE:

- | | |
|---|---|
| <input type="checkbox"/> Current CSULA/UAS Employee | <input type="checkbox"/> Chronicle |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> UAS HR Website |
| <input type="checkbox"/> Job Bulletin/Walk-in | <input type="checkbox"/> L.A. Times |
| <input type="checkbox"/> Community/Prof Org | <input type="checkbox"/> Daily News |
| <input type="checkbox"/> Other: | |

CHECK IF APPLICABLE:

- Vietnam Veteran Dates of Service: _____
A Vietnam era veteran is a person who served on active duty for more than 180 days between August 5, 1964 and May 7, 1975.

- Disabled Veteran Disability Rating: _____
A disabled veteran is a person entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.