Employment Application An Equal Opportunity Employer

Date:			



Revised: 1/2/2018

Position Applied For:

Personal information							
Last Name: First N	Name:	Middle Initial:					
Address:	City:						
	,						
Otata	7:						
State:	Zip:						
Cell Phone:	Home Pho	one:					
Personal Email:							
			Yes	No			
If hired, would you have a reliable means of trai	nsportation to an	d from work?					
Average of least 40 years also							
Are you at least 18 years old? (If under 18, hire is subject to verification that you	are of minimum le	nal age)					
Are you able to perform the essential functions	·	,					
without reasonable accommodations?	or the positions	which you are applying, either with or					
(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.)							
perform essential functions. Hire may be subject to passing a m	iedicai examination, an	u to skill and agility tests.)					
If no, describe the functions that cannot be performed.							
Have you ever worked for this company?							
If yes, when:							
Have you ever applied for employment with this							
If yes, when:							
			1	<u> </u>			
How were you referred to Cal-State?							
We may refuse to hire relatives of present employe	es if doing so coul	d result in actual or potential problems in super	vision,				
security, safety, or morale, or if doing so could create conflicts of interest.							

Education

	Name of School	Graduated (Yes/No)	Number of Years	Course or Major
High School				
College				
Other				

Employment Desired

If hired, when are you availa	able to start working?	Date:			
What days and hours are yo	ou available for work?				
			Yes	No	
Regular full-time work?					
Regular part-time work?					
Would you be available to v	vork overtime, if necessary?				
Are you available for work	on weekends?				
	License/Cert	ification			
Туре:	Name of license/certification:	License/certification number:	Issuing state:	Expiration Date:	
	Work Expe	rience			
Are you currently employed?	·				
Current or Most Recent Position					
Company Name:	Position Title:				
Address	City	State Z	Z ip		
Supervisor Name:	Contact Numbe	r:			
Dates of Employment:	to				
Job Duties:					
Reason for Leaving:					
May we contact this employ	/er?	☐ Ye	es 🗌 No		

	work Experie	ence (co	ont.)		
Company #2 Company Name:	Position Title	:			
Address	City		State Zip		
Supervisor Name:	Contact Numb	per:			
Dates of Employment:	to				
Job Duties:					
Reason for Leaving:					
May we contact this employer?			Yes 🗌 No		
Company #3 Company Name:	Position Title:				
Address	City		State Zip		
Supervisor Name:	Contact Number:				
Dates of Employment:	to				
Job Duties:					
Reason for Leaving:					
May we contact this employer?					
References					
Name	Relationship	Years Known	Phone Number	Email Address	
1.					
2.					
3					

Please Read Carefully, Initial Each Paragraph and Sign Below

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