



On Campus Student Employment Application

Date: _____

Name: _____
Last First (MI)

Local Address: _____
(Number & Street) (City) (State) (Zip)

Telephone: (____) _____ (____) _____ (____) _____
Home Work Cell Phone

Email: _____

Position applying for:	Department

If hired, when can you start work? _____

Education Information

Class Level: —Freshman (1-29 Units) —Sophomore (30-59 units) —Junior (60-89 units) —Senior (90+ Units) —Graduate Student

Major(s) _____

Minor(s) _____

(Optional): Please list any additional languages you read, speak, or write.

Personal Information

If hired, can you provide evidence of your authorization to work in the Unites States? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with ADA and consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions)

Do you currently have a relative working on campus? Yes No
If yes, which Department? _____

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of employment. 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 Reason for Leaving:</i> _____
<i>Your Position and Duties:</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 Reason for Leaving:</i> _____
<i>Your Position and Duties:</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 Reason for Leaving:</i> _____
<i>Your Position and Duties:</i> _____	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

References

<i>Name</i>	<i>Relationship to Applicant</i>	<i>Organization</i>	<i>Phone</i>	<i>Email Address</i>

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying?

If so, please explain: _____

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements, references, work record, education and other matters contained in this application for employment as may be necessary to make an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I have completed the attached work availability form.

Signature of Applicant

Date

FRESNO STATE

WORK AVAILABILITY SCHEDULE

Name: _____

Preferred Hours of work per week: _____

Semester Applying: _____

Please place an "X" in each box at which you are available to work.

	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.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							