

APPLICATION FOR STAFF EMPLOYMENT

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
Human Resources Department
3801 West Temple Avenue, Pomona, CA 91768-4023
Telephone: (909) 869-3733 TDD: (909) 869-3733

An Affirmative Action/Equal Opportunity Employer



CAL POLY
POMONA

GENERAL INFORMATION (Please Type or Print With Black Ink)

Name: Last, First, Middle Initial	Soc. Sec. No. (Voluntary)	Home Telephone No. ()
Address: Number, Street, Apartment or Space Number		Work Telephone No. ()
City, County, State, Zip Code		Message Phone No. ()
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been previously employed by Cal Poly Pomona or the CSU System or any other state agency? Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'yes', list dates/positions/departments/campus.)		
Have you worked under name(s) other than stated above? Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'yes', please list.)		
Are you related to any current Cal Poly employee(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please identify. Name: _____ Dept. _____		

Respond only if driving is an essential function of the position for which you are applying.

Do you have a valid California Driver's License? Yes No Expiration Date: _____
If 'yes', please identify type: Class A Class B Class C
If 'no', is there anything which would prohibit you from obtaining a California Driver's License?

Have you ever been convicted of a crime? Yes No (You may omit minor traffic violations, any offense committed prior to your 18th birthday adjudicated in a Juvenile Court or under a youth offender law, or any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45.) **If "Yes," please complete the attached Conviction Disclosure Form. A "Yes" answer does not automatically disqualify you from receiving consideration for employment.**

EMPLOYMENT INTEREST A separate application must be provided for each recruitment in which you are interested.

Position Title: _____ Recruitment No.: _____

Where did you hear about the position for which you are applying: _____

If you are interested in the Temporary Clerical Pool, please contact (909) 869-3733 for further information.

UNIVERSITY POLICY ON SMOKING: In keeping with the University's longstanding commitment to provide a health and safe environment for students, employees and visitors, smoking is prohibited inside all University facilities and University owned or maintained vehicles.

EDUCATION AND SPECIAL TRAINING

Name/Location of Last High School Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If not, do you have a <input type="checkbox"/> GED Certificate or a <input type="checkbox"/> CHSPE Certificate?

Name(s)/Location(s) of Colleges or Universities Attended	Major	Specialization Within Major	Units Compl.		Date Grad.	Degree Earned
			Sem.	Qtr.		

Name(s)/Location(s) of Business, Technical or Trade Institutions Attended	Course of Study	Dates Attended		Certificates or Licenses Obtained
		From	To	

Current **Professional Licenses or Certificates** - Specify type(s) and expiration date(s).

ADDITIONAL QUALIFICATIONS (Please be specific.)

Special Related Skills (e.g., proficiency in medical terminology, spread sheets, statistical analysis, etc.)

Related Equipment Which You Operate Proficiently (e.g., machine transcription, 10-key calculator, electronic typewriter, word processor, etc.)

Specific Relevant Courses, Conferences, Seminars and Workshops Attended or Conducted

Publications/Reports Coordinated or Authored

Computer Knowledge and Ability:

Hardware	Familiarity	Proficiency	Software	Familiarity	Proficiency
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Other (e.g., Computer Programming Languages)

EMPLOYMENT THE EMPLOYMENT HISTORY MUST BE COMPLETED IN DETAIL EVEN THOUGH A RESUME MAY BE INCLUDED/ REQUIRED. Beginning with your present job, list all employment activity for the past 10 years. Each promotion should be identified as a separate job. Earlier relevant experience may also be included. Attach additional sheets if necessary. **REFERENCE CHECKS ARE CONDUCTED WITH BOTH CURRENT AND FORMER EMPLOYERS ON CANDIDATES UNDER FINAL CONSIDERATION.**

This Space For Office Use Only

Dates of Employment From: _____ Mo./Yr. To: _____ Mo./Yr. Avg. Hrs. Per Week: _____ Last Salary: \$ _____ Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Addit! Avg. Monthly wages; e.g., bonus, commission, etc.: \$ _____	Employer	Telephone No.	
	Department	()	
	Address, City, State, Zip Code		
	Supervisor's Name and Title	Telephone No. ()	
	Your Classification	Your Working Title	
	Summarize Your Duties		
	Number of People You Supervised		
	Reason For Seeking Other Employment		

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Have you ever been fired or asked to leave employment? Yes No

If so, please explain.

If appointed, how much notice would you be required to give at your current place of employment? _____

COMMENTS: Use this space to provide any other information you believe will be of value in considering your application for employment, or for additional comments concerning any item on the application for which more space is needed to provide complete information.

REFERENCES List three people not related to you who can attest to your professional abilities and character.

Name	Occupation	Telephone No. ()
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Address, City, State, Zip Code

Name	Occupation	Telephone No. ()
------	------------	---------------------------

Address, City, State, Zip Code

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Address, City, State, Zip Code

I understand that all offers of employment are contingent upon verification of my identity and authorization to work in the United States.

I further understand that before entering into the duties of State employment, United States citizens are required to sign the Oath of Allegiance; legally employed non-citizens are required to sign the Declaration of Permission to Work. Alien employees who subsequently become naturalized citizens, must then sign an Oath.

I hereby certify that the information contained in this application and all supplemental support documents is accurate and truthful to the best of my knowledge and belief. I understand that the misstatement or omission of pertinent facts or information may disqualify me from employment consideration with Cal Poly Pomona and if hired, may be grounds of dismissal.

I agree to any pre/post-employment examination including medical or psychological which may be required as a condition or continued employment.

I understand that this application and all supplemental support documents become the property of the University, and that the information provided herein will be used for the purpose of employment in accordance with the Information Practices Act of 1977.

Signature

Date

NAME: _____

SSN: _____

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LAST NAME

FIRST NAME

MIDDLE INITIAL

PLEASE PRINT:

OFFICE USE ONLY:					
Tech In	_____	RES	_____	Rec. No.	_____
Self Cert	_____	SUPP	_____	COMP	_____