

EMPLOYMENT APPLICATION

An Equal Opportunity, Affirmative Action, Title IX Employer
CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
 6300 State University Drive, Suite 332, Long Beach CA 90815 (562) 985-7950

Name of position for which you are applying:

Position #

Answer all questions completely. A separate application must be completed for each position but may be accompanied with a resume. It is the responsibility of the applicant to clarify on their application, their ability to perform the job for which they are applying. Failure to provide sufficient information which indicates meeting minimum qualifications will result in disqualification. Individuals who need reasonable accommodations to apply and/or interview, should contact the Human Resources Department. All applications must be manually signed and dated in ink by the applicant.

PERSONAL INFORMATION

Social Security Number:

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Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Home Phone

Alternate Phone Number

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Please answer the following:

Do you have the legal right to work in the United States? Yes No

(Please Note: All offers of employment are contingent upon satisfactory proof of your identity and legal rights to work in the United States.)

Do you have any relatives employed by CSULB or the CSULB Foundation? Yes No

If yes, please give name(s): _____

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes No

Do not include convictions for the use or possession of marijuana if the conviction occurred more than two (2) year ago. If you answered "Yes", please attach a detailed written account of the offense.

(Please Notes: A conviction will not necessarily disqualify you from employment as each case will be considered on its own merit.)

Are you currently out on bail, or on your own recognizance pending trial, for any criminal offense other than a minor traffic violation? Yes No

If you answered "Yes", please attach a detailed written account of the charges against you.

(Please Notes: A "Yes" response will not necessarily disqualify you from employment as each case will be considered on its own merit.)

EDUCATION AND TRAINING

Type of School	Name and Location	Units Completed Sem./Qtr	Major	Degree(s) Obtained
High School				
Junior College				
College or University				
Graduate School				
Technical/Professional				

List other skills experience, training (e.g. languages, typing, clerical office skills or equipment etc.) or accomplishments that you believe will assist you in evaluation of your employment: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, please list all employment for the past ten (10) years. Include Armed Forces, volunteer experience, and periods of unemployment (unless related to physical or mental illness, please explain periods of unemployment). Attach additional page(s) if necessary.

Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title:
To: (mo. / yr.) ____ / ____	_____ Address	Duties:
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving:
	_____ Phone Number	Immediate Supervisor:
Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title:
To: (mo. / yr.) ____ / ____	_____ Address	Duties:
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving:
	_____ Phone Number	Immediate Supervisor:
Date of Employment	Employer Information	Title and Duties
From: (mo. / yr.) ____ / ____	_____ Company Name	Title:
To: (mo. / yr.) ____ / ____	_____ Address	Duties:
Last Rate of Pay \$ ____ / ____	_____ City, State, and Zip	Reasons for Leaving:
	_____ Phone Number	Immediate Supervisor:

Please list any other name under which your employment or education may be verified:

Have you ever been discharged from any employment? Yes No If yes, please attach written explanation
 Do we have permission to contact your present employer(s)? Yes No
 Do we have permission to contact your previous employer(s)? Yes No

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any statements checked by the Foundation unless I have indicated to the contrary. I authorize any references, as well as all other individuals whom the Foundation contacts, to provide the Foundation any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the Foundation or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an employment offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Foundation, as amended by the Foundation from time to time in its discretion. I further agree that any employment I am offered will not be for any specified period of time and that my employment is "at will" and can be terminated at any time, with or without cause and with or without notice by either the Foundation or myself. I further understand and agree that the only manner in which the terms of this employment relationship may be altered is by means of a specific written agreement which is signed by me and the Foundation Director of Human Resources or Executive Director of the Foundation. I further understand that no other representative of the Foundation has any authority to enter into any oral or written agreement for employment of any specified period of time or take any oral or written agreements or statements contrary to the foregoing.

Applicant's Signature: _____ Today's Date: _____

INSTRUCTIONS
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(562) 985-7950

SOCIAL SECURITY NUMBER – Print applicant’s social security number.

LAST NAME/FIRST NAME/MIDDLE NAME – Print applicant’s name as reflected on the applicant’s social security card.

STREET ADDRESS – Print the street address.

CITY/STATE/ZIP – Print the mailing address’s city, state abbreviation, and zip code.

HOME/ALTERNATE NUMBER – Print the applicant’s home or an alternate phone number