



## Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. 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>
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<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

**Personal Information**

Have you ever applied to or worked for California State University, Fresno Auxiliary Corporations (which include the Association, the Agricultural Foundation, and the Foundation) before? .....  Yes  No  
If yes, for which corporation and when? \_\_\_\_\_

Do you have friends or relatives working for California State University, Fresno Auxiliary Corporations? .....  Yes  No  
If yes, state name, relationship and organization:

Name	Relationship	Organization
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If hired, would you have a reliable means of transportation to and from work?.....  Yes  No

If hired, can you provide evidence of your legal right to work in the United States? .....  Yes  No

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

If no, describe the functions that cannot be performed: \_\_\_\_\_

*(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.)*

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ Date Applicant's Signature

# FRESNO STATE

## Auxiliary Services

### STUDENT CLASS SCHEDULE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please place an "X" in each box during the time of your class.**

**Semester:** \_\_\_\_\_

	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.							

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## Equal Employment Opportunity Data

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To be completed by applicant:

\_\_\_\_\_  
*Application Date*

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Department: \_\_\_\_\_

Gender:       Male       Female

Race/Ethnicity:       American Indian/Alaskan Native  
                               Asian/Pacific Islander  
                               Black  
                               Hispanic  
                               White

Method of referral for employment at California State University, Fresno Auxiliary Corporations:

<input type="checkbox"/> Fresno State employee	<input type="checkbox"/> Fresno State Auxiliary Corporations employee
<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Auxiliary Job Announcement
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other: _____

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Individual with a Disability

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To be completed by employer:

EEO-1 Category:	<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 6. Crafts – skilled
	<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives – semi-skilled
	<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 8. Laborers – unskilled
	<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 9. Service workers
	<input type="checkbox"/> 5. Office and clerical	

Employer information completed by:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*