



*California State University, Fresno*  
**Auxiliary Corporations**

2771 E. Shaw Avenue, Fresno, CA 93710 · [www.auxiliary.com](http://www.auxiliary.com) · Fax: (559) 278-0988 · HRAUX@LISTSERV.csufresno.edu

**EMPLOYMENT APPLICATION FOR FULL-TIME POSITIONS**

**Please Print**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work) (Cell Phone/Pager)

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

**Employment Desired**

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_ Salary desired: \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends?.....  Yes  No

Would you be available for overtime, if necessary?.....  Yes  No

If hired, on what day can you start work? ..... / /

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
<b>High School</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>College/ University</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>Vocational/ Business</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>Other</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			

<b>Our organization relies heavily on the use of computers. Regardless of the type of position for which you are applying, please indicate your level of competence by checking the appropriate box.</b>		<b>Expert</b>	<b>Competent</b>	<b>Some Experience</b>	<b>No Experience</b>	<b>Application Used</b>
	Word Processing					
	Spreadsheet					
	Database					
	Email					
	Internet/Web					
	Graphics					
Typing	Typing Speed:	WPM	Experience:	Years		

**Education, Training and Experience (continued)**

All applicants please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Languages you speak, read or write fluently in addition to English: \_\_\_\_\_

Are you licensed/certified for the job applied for if listed as requirement on job announcement? .....  Yes  No

If yes, describe: \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at California State University, Fresno Auxiliary Corporations? .....  Yes  No

If so, please explain: \_\_\_\_\_

**Personal Information**

Have you ever 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 corporation:

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Corporation</i>

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Corporation</i>

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

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, are you able to present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....  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.)*

Have you ever been convicted of a criminal offense? (Conviction for a criminal offense does not necessarily preclude you from being considered for employment.).....  Yes  No

If yes, state the crime (by code section if known), when and where convicted, and disposition of the case: \_\_\_\_\_ (attach additional sheet if necessary)

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

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

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? .....  Yes  No  
Describe: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of Active Duty: \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

## 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.

Name of Employer	<i>Dates of Employment:</i> _____ From To
Type of Business	<i>Your Supervisor's Name</i> ( )
Street Address	<i>Telephone No.</i>
City _____ State _____ Zip _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	<i>Dates of Employment:</i> _____ From To
Type of Business	<i>Your Supervisor's Name</i> ( )
Street Address	<i>Telephone No.</i>
City _____ State _____ Zip _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	<i>Dates of Employment:</i> _____ From To
Type of Business	<i>Your Supervisor's Name</i> ( )
Street Address	<i>Telephone No.</i>
City _____ State _____ Zip _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	<i>Dates of Employment:</i> _____ From To
Type of Business	<i>Your Supervisor's Name</i> ( )
Street Address	<i>Telephone No.</i>
City _____ State _____ Zip _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

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## References

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List below three persons not related to you who have knowledge of your work performance within the last three years.

- |    |                   |                                |
|----|-------------------|--------------------------------|
| 1. | Name: _____       | Telephone No.: (____) _____    |
|    | Address: _____    |                                |
|    | Occupation: _____ | No. of Years Acquainted: _____ |
| 2. | Name: _____       | Telephone No.: (____) _____    |
|    | Address: _____    |                                |
|    | Occupation: _____ | No. of Years Acquainted: _____ |
| 3. | Name: _____       | Telephone No.: (____) _____    |
|    | Address: _____    |                                |
|    | Occupation: _____ | No. of Years Acquainted: _____ |

**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

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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: \_\_\_\_\_

SS# : \_\_\_\_\_

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

Department: \_\_\_\_\_

Sex:             Male             Female

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

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:

Vietnam Era Veteran                       Other Veteran  
 Disabled Veteran                             Individual with a Disability

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

Fresno State employee                       Fresno State Auxiliary Services employee  
 Newspaper advertisement                     Auxiliary Job Announcement  
 Internet     Employment Agency  
 Friend/Relative                                 Other \_\_\_\_\_

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To be completed by employer:

EEO-1 Category:     1. Officials and managers                       6. Crafts – skilled  
                          2. Professionals                                     7. Operatives – semi-skilled  
                          3. Technicians                                       8. Laborers – unskilled  
                          4. Sales     9. Service workers  
                          5. Office and clerical

Employer information completed by:

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

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

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**Other Veterans includes those who served in a “war” and those who served in a campaign or on an expedition for which a campaign badge has been awarded.**

**Campaigns and Expeditions Which Qualify for Veterans’ Preference**

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
<b>Armed Forces Expeditionary Medal (AFEM)</b> A veteran’s DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to present; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 – 13, 1975
Congo	July 14, 1960 to September 1, 1962, and November 23 to 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Grenada (operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operation Northern Watch)	January 1, 1997 to present
Korea	October 1, 1966 to June 30, 1974
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1, 1958, and June 1, 1983 to December 1, 1987
Mayaguez Operation	May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12 – 17, 1986
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995 to present
Quemoy and Matsu Islands	August 23, 1958 to June 1, 1963
Somalia (Operation Restore Hope)	December 5, 1992 to March 31, 1995
Taiwan Straits	August 23, 1958 to January 1, 1959
Thailand	May 16, 1962 to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975 to April 30, 1975
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965

**Navy expeditionary Medal and Marine Corps Medal for these Operations:**

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant Runner)	April 7 – 18, 1994
Thailand	May 16 – August 10, 1962

**Other Campaign and Service Medals Qualifying for Preference:**

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of German (Exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korean Service	June 27, 1950 to July 27, 1954
Navy Occupation of Austria	May 8, 1945 to October 25, 1955
Navy Occupation of Trieste	May 8, 1945, to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973