



EMPLOYMENT APPLICATION

Associated Students, Incorporated
California State University, Long Beach
1212 Bellflower Boulevard
Long Beach, California 90815-4199

PLEASE PRINT

Date of Application		Title of Position – We accept only one job title per application:			
Referral Source		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other _____
Last Name		First	Middle		
Street Address		City	State	Zip Code	
Telephone Number		E-Mail Address (if student, use CSULB address)		Last 4 Digits SSN	
May we contact your present employer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work?					
Are you available to work (check all that apply):		<input type="checkbox"/> Full Time?	<input type="checkbox"/> Part Time?	<input type="checkbox"/> Shift Work?	<input type="checkbox"/> Temporary?
Provide the name, address and telephone number of three references who are not related to you and are not former employers:					
Name		Address		Phone Number	
Name		Address		Phone Number	
Name		Address		Phone Number	

EMPLOYMENT EXPERIENCE

Start with your present or most recent job.

Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Reason for Leaving	
Supervisor		
Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Reason for Leaving	
Supervisor		
Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Reason for Leaving	
Supervisor		

If you need additional space, please continue on a separate sheet of paper.

EDUCATION	High School	College or University	Graduate or Professional
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma or Degree Received			
Describe Course of Study or Indicate Major			
Describe any specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			
Honors Received			
Provide any additional information that you feel may be helpful to us in considering your application.			

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

Signature of Applicant (Must be signed in ink.)	Date
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STUDENT AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MARK "X" FOR HOURS OF AVAILABILITY (Indicate Term!!) __ Spring __ Fall							
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VOLUNTARY CONFIDENTIAL DATA SHEET

Associated Students, Incorporated
California State University, Long Beach
1212 Bellflower Boulevard
Long Beach, CA 90815-4199

Associated Students, Incorporated is an equal opportunity employer. It is your right to volunteer the following information. The data will allow ASI to monitor our efforts to attain a diverse workforce. *It is unlawful to discriminate against you on the basis of this information.*

Thank you for your cooperation

Name		Position(s) Applied For:		
Address		City	State	Zip Code
How did you learn of this vacancy? (Note: If newspaper advertisement, please indicate which newspaper.)				

GENDER

Female

Male

Date of Birth: _____

DISABILITY

An individual with a disability is a person who (1) has a physical or mental impairment that substantially limits a major life activity (functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such an impairment; or (3) is regarded as having such an impairment. ASI assures that all of its services, facilities, privileges, advantages, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act (ADA).

Do you consider yourself an individual with a disability?

Yes

No

If yes, please explain _____

RACE/ETHNIC HERITAGE

American Indian/Alaskan Native

Of Indian origin native to the Americas with cultural identification maintained through tribal affiliation

Asian

Of Far Eastern, Southeast Asian, or Indian origin

Hawaiian/Pacific Islander

Of Hawaiian Islands, Filipino, or Pacific Islands origin

Black/African American

Of African origin; not of Hispanic origin

Hispanic

Of Spanish/Latin American/Latino culture or origin, regardless of race

Caucasian

Of European, Middle Eastern, or African origin

VETERAN STATUS

Vietnam Era Veteran: The Vietnam Era Veterans' Readjustment Assistance Act of 1974 allows you the opportunity to self-identify as a person who (1) Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) Between August 5, 1964 and May 7, 1975, in all other cases; or (2) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) Between August 5, 1964, and May 7, 1975, in all other cases. For further information, please visit <http://www2.doi.gov/dol/esa>

OTHER ELIGIBLE VETERAN - The Veterans Employment Opportunities Act of 1998 allows you the opportunity to self-identify as a person who served in the military on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management, OPM VETS Guide, Appendix A or at <http://www.opm.gov/veterans/html/vgmedal2.htm>.

NOT FOR INTERVIEW PURPOSES...TO BE DETACHED AND FILED SEPARATELY FROM APPLICATION.