



CALIFORNIA STATE UNIVERSITY  
CHANNEL ISLANDS

# Student Employment Application

### Personal Information

Last Name		First Name:		Middle Name:		Alias(es):		
Address:			City:		State:	Zip:	Country	
Home Number:		Work Number:		Fax Number:		Email Address:		
Are you 18 years of age or older?		If you are hired, will you be able to submit verification of your legal right to work in the United States?						
Do you have any close relatives employed at CSUCI?				If so, please indicate the name and relationship, Department, and Position of the relatives:				
Have you ever been employed by CSUCI?				If yes, Please state Date employed, Department, Position:				
Have you been a CSUCI employee for more than 90 days?				If yes, what was your start date?				
Have you ever been dismissed from employment?				If so, please explain:				
Have you ever been convicted of any crime as an adult (excluding minor traffic violations)? A conviction includes a plea, verdict, a no contest plea, finding of guilt, regardless of whether sentence was imposed by the court.(A criminal conviction will not necessarily disqualify an applicant from employment).								
If Yes, please explain:								
Indicate any of the following that you are willing to work (select all that apply):								
Full Time		Part Time		Temporary		Weekends	Shifts	On Call

### Education

Name of School	Type of School	Major	Degree	Years Completed	Did you graduate?	Dates Attended
						Begin: End:

  

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						Begin: End:

### Work Experience

Employer Name:		Job Title:		Dates Employed:		Salary:		Phone:	
				Begin: End:		Begin: End:			
Supervisor Name:		Supervisor Title:		Reason for Leaving:					
Work Performed:									
May we contact this employer?									

Employer Name:	Job Title:	Dates Employed: Begin: End:	Salary: Begin: End:	Phone:
Supervisor Name:	Supervisor Title:	Reason for Leaving:		
Work Performed:				
May we contact this employer?				

Employer Name:	Job Title:	Dates Employed: Begin: End:	Salary: Begin: End:	Phone:
Supervisor Name:	Supervisor Title:	Reason for Leaving:		
Work Performed:				
May we contact this employer?				

## References

Name:	Occupation:	Relationship:	Address:	Phone Number/Email:

## Additional Information

Please list any special skills or abilities that will better qualify you for a position with CSUCI:
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## Agreement

I choose to waive my right to receive copies of all public records that may be obtained regarding me as a result of my application for employment with California State University (e.g. records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment).

\_\_\_\_\_  
Applicant's Initials

\_\_\_\_\_  
Date

I certify the statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statement made herein will void this application and any actions based upon it. I agree to revise this application should any of the information change. I authorize the University or any of its components to make reference checks relating to my employment and I also authorize all prior employers to provide full details concerning my past employment.

The CSUCI Campus Safety Policy includes statistics for the previous three years concerning reported crimes that occurred on campus, on property owned or controlled by CSUCI, and on public property within or immediately adjacent to and accessible from the campus. The report includes institutional policies concerning campus security, such as policies regarding alcohol and drug use, crime prevention, reporting of crimes, sexual assault and other matters. This policy is produced in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. You can obtain a copy of this report by contacting the CSUCI Police Department or by accessing the following website: [www.csuci.edu/police/police.html](http://www.csuci.edu/police/police.html). California State University Channel Islands is an Equal Opportunity / Affirmative Action Employer. In compliance with the Americans with Disabilities Act, assistance and reasonable accommodations are available.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_  
Applicant's Name ( Please Print )

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

\_\_\_\_\_  
Date