

An Affirmative Action/Equal Opportunity Employer

Application for Staff Employment

			Applican	t Information					
Name: Last, First, Middle Initial						Hom (e Telephone Num) -	ber	
Address: Street, Apartment or Space	Number					Work	Telephone Numb	ber	
						() - ext		
City	State	Zip	Email			Cellu	ar Telephone Nu	mber	
						() -		
Are you 18 years Yes of age or older?	🗌 No		of employme right to work	ent is made, can you in the U.S.?	provide p	roof of	☐ Yes	E] No
Have you been previously employed	by Cal Po	oly Pomona	or the CSU	System or any other	state age	ncy?	🗌 Yes	Γ	No
If Yes, list dates, positions, departments, campus:									
If Cal Poly Pomona, provide Bronco I	ID:								
Have you ever worked under name(s If Yes, please list:) other th	an stated a	bove?	🗌 Yes	□ N	0			
Are you related to any current employ If Yes, please list:	yee(s) of	Cal Poly Po	mona, ASI, c	or Foundation?	י <u>ר</u>	í es	🗌 No		
*Respond only if driving is an essenti	al functio	n of the pos	ition for whic	h you are applying:					
Do you have a valid California Driver License?	S	🗌 Yes	🗌 No	If Yes, indicate type:	Class A	A	Class B	Class C	
*If you replied Yes to the above question, upon hire you will be enrolled in the CA DMV Employer Pull Notification program.									
If No, is there anything which would p	prohibit yo	ou from obta	aining a Calife	ornia Driver's Licens	e?				
Have you ever been convicted of a cr	ime?] Yes	🗌 No					
(You may omit minor traffic violations law, or any incident that has been set								ler a youth offer	nder
If Yes, please complete the attached consideration for employment.	Convictio	on Disclosur	e form. A Ye	es answer does not a	automatica	ally dis	qualify you from re	eceiving	
			Employr	nent Interest					
A separate application must be pro	ovided fo	or each reci	uitment in v	which you are inter	ested.				
Position Applied for:									
Recruitment Number:									
University Policy on Smoking: in keep employees and visitors, smoking is p								nment for stude	nts,

Recruitment No.	Position Title	Applicant Name		

			Educati	on and Special 7	raining				
Name/Location of Last	High School								
Did you graduate?	☐ Yes	🗌 No	lf ne	ot, do you have a:			Certificate		CHSPE Certificate
Name(s)/Location(s) of		Specialization		Specialization	Uni	ts Com	pleted Date Graduated		Type of
Universities Attended	Colleges of	Major		within Major	Se	m.	Qtr.	(MM/YY)	Degree Earned
			- I 				T		
Name(s)/Location(s) of	Rusiness		_	Dates Att			_		
Technical or Trade Inst		ed Course of S	study	From (MM/DD/YY)	T (MM/D			Certificates or I	Licenses Obtained
Current Professional Licenses or Certificates – Specify type(s) and expiration date(s)									
Additional Qualifications									
Special Related Skills (Special Related Skills (e.g., proficiency in medical terminology, spread sheets, statistical analysis, etc.)								
Related Equipment Wh	ich You Operat	e Proficiently							
		,							
Specific Relevant Courses, Conferences, Seminars and Workshops Attended or Conducted									
					Sonaaot	cu			
Publications/Reports Co	oordinated or A	uthored							
Computer Knowledge a	and Ability								
Hard ware		Familiarity Pr	roficienc	y Software			F	Familiarity F	Proficiency
Other (e.g., Computer F	Programming L	anguages):							
Recruitment No.		Position	n Title					Applicant I	Name

Employment History

job, list all employment activit	y for the itional s	e past 10 years. Each promoti heets if necessary. Referenc	gh a resume may be included and/or required. Beginni ion should be identified as a separate job. Earlier relev e checks are conducted with both current and form	ant experience may
Dates of Employment:		Employer:		Telephone No:
From (MM/YY):		Department:		() -
To (MM/YY):		Address, City, State, Zip:		Telephone No:
Avg. Hrs. Per Week:		Supervisor's Name & Title:		() -
		Your Functional Title:		
Last Salary:		Classification (if applicable):		
Per: Hour		Summarize Your Duties:		
Month				
Year				
Additional Average	_	Number of People You Supe	rvised:	
Monthly Wages (i.e., bonus, commission): \$		Reason for Seeking Other Er	mployment:	
Dates of Employment:		Employer:		Telephone No:
From (MM/YY):	ľ	Department:		() -
To (MM/YY):		Address, City, State, Zip:		Telephone No:
Avg. Hrs. Per Week:		Supervisor's Name & Title:		() -
		Your Functional Title:		
Last Salary:	_	Classification (if applicable):		
Per: Hour		Summarize Your Duties:		
Month Year				
Additional Average		Number of People You Supe	rvised:	
Monthly Wages (i.e., bonus, commission):	-	Reason for Seeking Other Er		
\$				
Dates of Employment:	-	Employer:		Telephone No:
From (MM/YY):	-	Department:		() -
To (MM/YY):	-	Address, City, State, Zip:		Telephone No:
Avg. Hrs. Per Week:	-	Supervisor's Name & Title:		() -
	-	Your Functional Title:		
Last Salary:		Classification (if applicable):		
Per: Hour		Summarize Your Duties:		
Month				
Year Additional Average		Number of People You Supe	ruised:	
Monthly Wages (i.e., bonus, commission):	-	Reason for Seeking Other Er		
Have you ever been fired or a If Yes, please explain:	asked to	eleave employment?	s 🗌 No	
If appointed, how much notice	e would	you be required to give at you	ur current place of employment:	

Recruitment No.	Position Title	Applicant Name

COMMENTS: Use this space to provide any other information you believe will be of value in considering your application for employment, or for additional comments concerning any item on the application for which more space is needed to provide complete information.

REFERENCES: List three people not related to you who can attest to your professional abilities and character.

Name	Occupation	Telephone No.
		() - ext.
Address, City, State, Zip		
Name	Occupation	Telephone No.
		() - ext.
Address, City, State, Zip		
Name	Occupation	Telephone No.
		() - ext.
Address, City, State, Zip		

I understand that all offers of employment are contingent upon verification of my identity and authorization to work in the United States.

I further understand that before entering into the duties of State employment, United States citizens are required to sign the Oath of Allegiance: legally employed non-citizens are required to sign the Declaration of Permission to work. Alien employees who subsequently become naturalized citizens must then sign an oath.

I hereby certify that the information contained in this application and all supplemental support documents is accurate and truthful to the best of my knowledge and belief. I understand that the misstatement or omission of pertinent facts or information may disqualify me from employment consideration with Cal Poly Pomona and, if hired, may be grounds for dismissal.

I agree to any pre/post-employment examination, including medical or psychological, which may be required as a condition of continued employment.

I understand that this application and all supplemental support documents become the property of the University, and that the information provided herein will be used for the purpose of employment in accordance with the Information Practices Act of 1977.

Signature (original, no copies)

Date

Recruitment No.	Position Title	Applicant Name

CSU The California State University VOLUN	TARY SELF-IDENTIFIC	CATION FORM FO	OR EMPLOYMENT APPLICANTS		
The CSU considers qualified applicants for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status.					
The CSU is interested in reaching the broadest monitoring the effectiveness of our recruitmen University reporting requirements. This form, and resume and will not be accessible by anyone in job. While your reply will be most helpful to us	t efforts, and in collecting da nd any data submitted on the volved with making recomm	ta that is required for e form, will be kept se endations or decisior	compliance with State, Federal and eparate from your application and as regarding selection or hiring for this		
Applicant Name (Last, First, Middle Initial)			Recruitment Number		
Gender	Т	oday's Date			
Question 1. Are you Hispanic or Latino? (A per Spanish culture or origin, regardless of race.)	son of Cuban, Mexican, Puer	to Rican, South or Ce	ntral American, or other		
Yes No					
Question 2. Regardless of your answer to Que	estion 1, you may select one	or more of the follow	ving categories that apply to you:		
CATEGORY		DEFINITION OF	CATEGORY		
American Indian or Alaska Native	(including Central A	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.			
 Asian Asian Indian Cambodian Chinese Filipino Japanese 	Asia, or the Indian S	ubcontinent, includin	ginal peoples of the Far East, Southeast ng, for example, Cambodia, China, India, ippine Islands, Thailand, and Vietnam.		
 Korean Laotian Vietnamese Other Asian 					
Black or African American	A person having ori	gins in any of the blac	ck racial groups of Africa.		
 Native Hawaiian or Other Pacific Islander Guamanian Hawaiian Samoan Other Native Hawaiian or Other Pacific Islander 		gins in any of the orig	ginal peoples of Hawaii, Guam, Samoa,		
☐ White	A person having ori Middle East, or Nort		ginal peoples of Europe, the		

DISCLOSURE OF INFORMATION

POLICY:

All applicants for University employment shall be required to answer the University Application for Staff Employment:

Have you ever been convicted of a crime?

Yes [No
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Applicants may respond "no" to this inquiry if they have never been convicted, and when they have been convicted of an offense involving, 1) a minor traffic violation; 2) a violation of Health and Safety Code 11357 (b) or (c), 11360 (c), 11364, 11365 or 11550 as they relate to marijuana convictions prior to January 1, 1967; 3) a conviction which has been judicially dismissed, expunged, sealed or eradicated; or 4) a misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed. **Complete DISCLOSURE OF INFORMATION, page 2, if you have a reportable conviction(s).**

GENERAL INFORMATION:

Conviction of a crime is not an absolute bar from University employment. Each situation will be reviewed by Human Resource Services which shall consider, among other matters, the relevance of the conviction to the nature of employment sought by the applicant, applicant history since the conviction, and the relevancy of the conviction itself.

Undisclosed pervious convictions (with the exception of those specified above) shall be considered grounds for termination.

Questions regarding the disclosure of previous convictions should be discussed with the Personnel Programs Administrator managing the recruitment prior to the submission of the Application or the Disclosure Form.

Recruitment No:	Position Title:	Applicant Name:

DISCLOSURE FORM

Human Resource Services California State Polytechnic University, Pomona

INSTRUCTIONS: Please read the University policy on the Disclosure of information found on the preceding page of this form. Complete this form if you have a reportable conviction(s). List each conviction in a separate section below.

Position Applied For	Recruitment No.
Describe specific offense:	
If you were convicted, provide: Specific charge for which convicted: Date of conviction: Disposition (i.e. sentence):	
Describe specific offense:	
If you were convicted, provide: Specific charge for which convicted: Date of conviction: Disposition (i.e. sentence):	
Describe specific offense:	
If you were convicted, provide: Specific charge for which convicted: Date of conviction: Disposition (i.e. sentence):	

I hereby certify that the above information is true to the best of my knowledge and belief.

Applicant's Signature

Date

Recruitment No:	Position Title:	Applicant Name: