



# APPLICATION FOR UNIVERSITY STAFF EMPLOYMENT

California State University, Fresno, Human Resources, Employment & Recruitment, Joyal Administration Building, Room 164, M/S JA71  
 5150 North Maple Avenue, Fresno, CA 93740-8026  
 Telephone Numbers: Job Line (559) 278-2360, Fax (559) 278-4275, Employment & Recruitment (559) 278-2032  
 www.csufresno.edu/humres

POSITION TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_  
(Number) (Street)  
 \_\_\_\_\_  
(City) (State) (Zip)

University policy prohibits the employment of close relatives when such employment would cause one relative to be in a position in which he/she could influence the fiscal or personnel status of the other.

DEPT. NAME: \_\_\_\_\_

VACANCY#: \_\_\_\_\_

Previous last name(s)? If any, please list \_\_\_\_\_

Applicants will be notified only if selected for an interview.

TELEPHONE NUMBERS:

HOME: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

California State University, Fresno is a computer literate campus. Managers and staff rely heavily on computers for handling daily communication and office workflow for all positions. Regardless of the type of position for which you are applying, please indicate your level of competence.		Expert	Competent	Some Experience	No Experience	<b>Software Used</b>
	WORD PROCESSING					
	SPREADSHEET					
	DATABASE					
	EMAIL					
	INTERNET/WEB					
GRAPHICS						

Even though some of the following information may be supplied in an attached resume, please complete the summary below to fully facilitate processing your application.

<b>EDUCATION LEVEL</b> (Check the highest level attained)	<input type="checkbox"/> Associate degree Year _____ Institution _____ <input type="checkbox"/> Bachelor's degree Year _____ Institution _____ <input type="checkbox"/> Master's degree Year _____ Institution _____ <input type="checkbox"/> Doctorate Year _____ Institution _____ <input type="checkbox"/> Professional degree, e.g., M.D., D.D.S., J.D. Year _____ Institution _____	Certificates or Licenses required by position (Including CA Driver License)  Title: _____ License No.: _____ Issuing State: _____ Date Issued: _____ Date Expires: _____  Title: _____ License No.: _____ Issuing State: _____ Date Issued: _____ Date Expires: _____
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Have you ever been convicted of a criminal offense other than a minor traffic violation since your 18th birthday? (A conviction is not necessarily disqualifying. Each case will be evaluated on its own merits and its applicability to the position.)  Yes  No If yes, please attach a detailed explanation.

Are you currently employed by California State University, Fresno?  Yes  No If yes, are you:  Staff  Faculty

Have you ever worked for any other CSU campus or for the State of California?  Yes  No If yes, please indicate dates, departments and location of employment.

Have you ever left employment under unfavorable circumstances?  Yes  No If yes, please explain \_\_\_\_\_

## RELEVANT EMPLOYMENT HISTORY

All applicants must complete Sections I, II and III below in full,  
in addition to submitting other application materials if required by the vacancy announcement.

### I. Employment History (List most recent first)

### II. Responsibilities and Contacts

**A. Organization:** \_\_\_\_\_  
 Department: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Total # Yr. \_\_\_\_ Mo. \_\_\_\_ Monthly Salary:\$ \_\_\_\_\_  
 FT  Perm  Temp  PT  Perm  Temp   
 Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisors will not be contacted until the applicant is notified of the decision to check references.  
 Contact Supervisor: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

**B. Organization:** \_\_\_\_\_  
 Department: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Total # Yr. \_\_\_\_ Mo. \_\_\_\_ Monthly Salary:\$ \_\_\_\_\_  
 FT  Perm  Temp  PT  Perm  Temp   
 Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Supervisor: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

**C. Organization:** \_\_\_\_\_  
 Department: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Total # Yr. \_\_\_\_ Mo. \_\_\_\_ Monthly Salary:\$ \_\_\_\_\_  
 FT  Perm  Temp  PT  Perm  Temp   
 Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Supervisor: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

**III.**  
 I affirm that all responses and statements in this application for employment are complete and true. I understand that any false statement or omission may be cause for rejection of my application or for my discharge after appointment. Fingerprinting will be required for certain position classifications. I authorize the release of reference information from individuals familiar with my educational and work background to CALIFORNIA STATE UNIVERSITY, FRESNO. I understand this information is considered confidential and the content of any reference will not be made available to me.  
 I ALSO UNDERSTAND THAT, IF HIRED, I MUST PROVIDE DOCUMENTATION ATTESTING TO MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Note: Offers of staff employment are contingent upon willingness to sign the Loyalty Oath.