

Associated Students | APPLICATION FOR EMPLOYMENT



Last Name	First	Middle	Phone No.	Date
Address			City	Zip
Have you applied for a job at Associated Students before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? (give date) _____			California Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional License _____				
If hired, are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If hired, can you provide proof of your legal right to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Based on the job description, are you able to perform the job duties as outlined with or without accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION: Check last year completed: College 1 2 3 4 Grad 5 6 7 8

Name of School	Location	Degree or Diploma	Scholastic Average	Major	Minor

EMPLOYMENT RECORD (List present or most recent experience first)

ADDITIONAL SPACE ON REVERSE SIDE

Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____

Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time

Immediate Supervisor _____ Duties _____
 (Person to Contact)

Reason for Leaving _____

Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____

Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time

Immediate Supervisor _____ Duties _____
 (Person to Contact)

Reason for Leaving _____

Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____

Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time

Immediate Supervisor _____ Duties _____
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Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____

Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time

Immediate Supervisor _____ Duties _____
 (Person to Contact)

Reason for Leaving _____

EMPLOYMENT RECORD continued

Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____
Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time
Immediate Supervisor _____ Duties _____
(Person to Contact)
Reason for Leaving _____

Employer _____ Phone No. () _____ From _____ To _____ Pay \$ _____
Address _____ City/State/Zip _____ Position Title _____ Full-time Part-time
Immediate Supervisor _____ Duties _____
(Person to Contact)
Reason for Leaving _____

PROFESSIONAL REFERENCES

Name _____ Title _____
Company Name _____ Phone _____
Relationship to Candidate _____ Email _____

Name _____ Title _____
Company Name _____ Phone _____
Relationship to Candidate _____ Email _____

Name _____ Title _____
Company Name _____ Phone _____
Relationship to Candidate _____ Email _____

Have you ever been discharged from employment? YES NO If yes, explain _____

Are you presently employed? YES NO If yes, may we contact your employer? YES NO May we contact your former employer(s)? YES NO _____

A background check (including a criminal records check) may be required for this position and must be completed satisfactorily before any candidate can be offered a position with Associated Students of SDSU. Failure to satisfactorily complete the background check may affect the application status of applicants or continued employment of current A.S. employees who apply for the position.

The Associated Students is an equal opportunity employer and does not discriminate on the basis of race, religion (to include religious dress practice and religious grooming practice), color, sex (to include breastfeeding or medical conditions related to breastfeed-ing), age, disability, marital status, sexual orientation, national origin, pregnancy, medical condition, military status, veteran status, genetic information, gender identity, gender expression or any other protected group. All qualified individuals are encouraged to apply.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If, employed, I understand that any statements on this application may be considered grounds for termination.

SIGNATURE _____