



STUDENT EMPLOYMENT APPLICATION FORM

Return to UAS Human Resources
5151 State University Drive Golden Eagle Building 310
Los Angeles, California 90032

The University Auxiliary Services, Inc. is an Affirmative Action/Equal Opportunity Employer, M/F/D/V; applicants will be considered without regard to their race, religion, color, national origin, sex, age, disability or other status protected by state or federal regulation within the limits imposed by law.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

PERMANENT ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES: ☐ Yes ☐ No

ACADEMIC STATUS: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

G.P.A. _____ Major: _____ Course Units This Quarter: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ Phone #: _____

If you are offered employment, the offer will be continued upon your providing satisfactory proof of your identity and legal ability to work in the United States.

POSITION APPLIED FOR: _____ Ref. No.: _____

ARE YOU CURRENTLY EMPLOYED BY ANOTHER GRANT / CONTRACT / AGENCY ACCOUNT? ☐ Yes ☐ No

WHAT EQUIPMENT DO YOU OPERATE? (Example: PC's, 10 key, cash register, etc.)

IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE INDICATE THE FOLLOWING:

Typing Speed: _____ wpm Software Applications: _____

Special Skills: _____

EMPLOYMENT HISTORY

List your work record. Begin with your present job and list in reverse order.

Employer (Present or most recent)	Job Title _____
	Supervisor (Name/Title) _____
	Phone Number _____
Describe your duties: 	From (mo./yr.) _____ To (mo./yr.) _____
	Salary \$ _____ per _____
	Hours worked per week: _____
	Reason for leaving: _____
May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IF FOR ANY REASON WE CANNOT CONTACT YOUR PAST EMPLOYER FOR A REFERENCE, PLEASE NOTE.

Employer (Present or most recent)	Job Title _____
	Supervisor (Name/Title) _____
	Phone Number _____
Describe your duties: 	From (mo./yr.) _____ To (mo./yr.) _____
	Salary \$ _____ per _____
	Hours worked per week: _____
	Reason for leaving: _____

WORK AVAILABILITY SCHEDULE

QUARTER: WINTER _____ SPRING _____ SUMMER _____ FALL _____ 20 _____

PLEASE "X" OUT TIME PERIODS YOU ARE NOT AVAILABLE TO WORK ACCORDING TO DAY AND HOUR.

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
7 A.M.							
8							
9							
10							
11							
12 P.M.							
1							
2							
3							
4							
5							
6							
7							

IF HIRED, I WILL COMPLY WITH ALL ORDERS, RULES AND REGULATIONS OF UNIVERSITY AUXILIARY SERVICES, INC.

SIGNATURE & DATE



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

CONVICTION DISCLOSURE FORM

You are required to give information on all felony or serious misdemeanor convictions. A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court. Misdemeanor convictions for possession of marijuana that are more than two years old need not be listed. Minor traffic citations and incidents which occurred before your 18th birthday may be excluded.

This form shall be retained in the UAS Human Resources Office and will not be made available to the hiring department.

Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence? Yes ☐ No ☐ (A conviction record will not necessarily be a bar to employment. Factors such as, age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account)

If yes, please explain

Are you currently out on bail or released on your own recognizance with respect to a current arrest? Yes ☐ No ☐

Name (please print) _____

Signature _____

Date _____



Voluntary Invitation to Self Identify Applicants

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Cal. State L.A. University Auxiliary Services, Inc. (UAS) is an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain and report certain information regarding its applicants and employees. These guidelines will be applied by the Equal Employment Opportunity Commission in the enforcement of title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 (hereinafter "Title VII")

In order to comply with the law(s), you are **invited** to provide the following information **voluntarily**. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to supply this information will not jeopardize or adversely affect any consideration you may receive for employment. When reported to the government, this data will not identify any specific individual.

If you believe you belong to any of the categories of qualified veterans listed on page two, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Section 1: General Information

Name:	Date ____ / ____ / ____
Position Title:	
Supervisor or Manager:	

Section 2: Please check (☐) all that apply (See second page for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I identify as a qualified veteran. <input type="checkbox"/> I am not a qualified veteran
		**Other
		<input type="checkbox"/> How did you hear about the job?
<p>If you need assistance with completion of this form and/or the application process assistance will be provided upon request.</p> <p><input type="checkbox"/> I choose not to Self-Identify.</p> <p>Signature: _____</p>		
<i>For Human Resources Use Only:</i>	<i>Requisition #</i>	<i>Job Group</i>

*[**Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:*

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:

1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

QUALIFIED VETERAN:

A “disabled veteran” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or show citation box or a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.