



Employment Application

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 526-0231

PERSONAL DATA

Name _____
Last First Middle

Have you ever used another name? Yes No

If yes, please specify for purposes of a reference check: _____

Present Address _____
Street City State Zip

Years at above address _____ Phone (_____) _____ - _____ Social Security # _____ - _____ - _____

Cell Phone _____ Email _____

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No?

Position applying for _____ Status (circle one) Full-time Part-time Shift/hours preferred _____

How did you learn of this job opening? _____

List membership in professional organizations which should be considered in evaluating your application. You may exclude any whose names indicate race, religious creed, color, national origin, or ancestry of its members _____

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a traffic citation; (2) a marijuana-related conviction that occurred more than two years ago; and (3) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program? Yes No

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

California Driver's License number _____ expiration date _____

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or member of your household? Yes No

In case of emergency notify _____ Phone (_____) _____ - _____

Address _____

SKILLS

Typing speed (wpm) _____ Computer experience? Yes No

If yes, which type (circle all that apply) IBM/IBM compatible Apple/Macintosh Other

Number of years experience _____ Software utilized _____

Machines operated _____

Other training/skills (including bilingual ability if relevant to the position for which you are applying) _____

Did you serve in the Military Service? Yes No If yes, which branch? _____

State relative skills acquired during military service _____

Is there any reason why you would not be able to safely perform any of the duties set forth in the job description of the position for which you have applied? Yes No If yes, please explain _____

PROFESSIONAL/TECHNICAL APPLICANTS ONLY

Professional License Number _____ Expiration Date _____

Type of License _____ State Issued by _____

Applicants for Professional positions must submit a resume with this application.

EDUCATION

High School _____ City/State _____ Number of Years _____

College _____ City/State _____ Number of Years _____

Course or Major _____ Degree Received _____

Other (*) _____ City/State _____ Number of Years _____

Course or Major _____ Degree Received _____

(* Trade School, Professional School, etc.)

WORK EXPERIENCE

Last/Present

Employer _____ Phone _____

Address _____
Street City State Zip

Supervisor's name and Position Title _____

Your Job Title _____ Duties Performed _____

Start Date _____ Pay Rate _____ End Date _____ Pay Rate _____

May we contact now (if still employed)? Yes No Reason for leaving _____

Employer _____ Phone _____

Address _____
Street City State Zip

Supervisor's name and Position Title _____

Your Title _____ Duties _____

Start Date _____ Pay Rate _____ End Date _____ Pay Rate _____

May we contact now (if still employed)? Yes No Reason for leaving _____

Employer _____ Phone _____

Address _____
Street City State Zip

Supervisor's name and Position Title _____

Your Title _____ Duties _____

Start Date _____ Pay Rate _____ End Date _____ Pay Rate _____

May we contact now (if still employed)? Yes No Reason for leaving _____

"I certify that I have been informed of the duties, the hours and days of work of the position for which I am applying and that the information provided on this application is correct and complete to the best of my knowledge. I agree to allow verification of all information, except as specified. I understand that falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. If employed, I agree to abide by all policies and procedures established by the university.

I hereby acknowledge that my employment is "at will," that either I or the university may terminate my employment at any time, with or without cause and with or without notice, that any assurances of continued employment, whether written, oral, or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the university."

Applicant's Signature

Date of Application