## **Application for Student Assistant Position** (Please Print)

Name		ID#				
Last		First	M			
Email						
Address						
Street Permanent Address		City	State	e	Zip	
Permanent Addre	Street		City	7	State	Zip
Telephone No.			•	ne		-
receptione ivo.		none		IIC		
<b>Grade Level</b> Fi	· ·	Sophomore		Sani	ior	
		-			101	
ŭ						
Skills						
	• (T:					
		ost recent position first				
1. Employer				<b>Employed Fro</b>	om to Mo/Yr	Mo/Yr
A ddmogg					10/11	1010/11
Stre			City	7	State	Zip
May we contact th	nis emplover fo	or a reference? Yes _	No	Telephone		•
-		sor		_		
	_					
Your Current or I	Last Position a	and Duties				
2 Employer				Employed E		ta
2. Employer				Employed F	Mo/Yr	Mo/Yr
Address						
Stre			City	7	State	Zip
May we contact th	nis employer fo	or a reference? Yes _	No	Telephone		
Name and Title of	Last Supervis	sor				
Your Current or 1	Last Position a	and Duties				
Do you have a dri	ver's license?	Yes No				
-						
Hours Available:	Mon	Tues	Wed	Thurs	Fri	

## **Application for Student Assistant Position – Page 2** (Please Print)

## **References** – (This section may or may not be required by the hiring department)

List three persons, not related to you, who may be contacted by CSUB personnel to attest to your employment/volunteer experience, your skills, and character. (Reference Examples: Employers, Volunteer Coordinators, Professors/Teachers, Counselors)

(Reference Examples: Employers, Volunteer Coordinators, Professors/Teachers, Counse	lors)
1. Name	
Occupation/Company Name	
Contact Phone Number	
2. Name	
Occupation/Company Name	
Contact Phone Number	
3. Name	
Occupation/Company Name	
Contact Phone Number	
Authorization – Read carefully before signing:  I hereby certify that all statements made on this application and all other documents I have submof my application are true and correct to the best of my knowledge.	uitted in support
I understand that any misrepresentation of the facts called for in this application may be cause for dismiss employment is contingent upon verification of this information.	sal and that my
If selected for employment by CSUB, I understand that a background check (including a crimina check) may be required and, if so, must be completed satisfactorily before the position may be CSU.	
I understand that as a condition of employment, U.S. citizens are required to sign the State of Ca of Allegiance" and non U.S. citizens are required to sign the "Declaration of Permission to Work hires individuals lawfully authorized to work in the U.S. If hired, I agree to provide proof of my work authorization as required by the Immigration Reform and Control Act of 1986.	k." CSUB only
I authorize verification of:  all information given all information except present employer	
I authorize each of the current and former employers and references listed herein to give CSU an information concerning any pertinent information they may have regarding my performance, whinformation is favorable or unfavorable to me.	•
I understand my right to request access to records containing personal information about me and information provided may be used only for the purposes of employment in accordance with the SC California Information Practices Act of 1977.	
I have read this application and release carefully and I completely and fully understand it and voluntarily agree to its provisions.	

Signature of Applicant \_\_\_\_\_\_ Date \_\_\_\_\_