

Auxiliary for Sponsored Programs Administration

Mail Stop: 37 ADM 9001 Stockdale Highway Bakersfield, California 93311-1022

www.csub.edu/bas/hr/auxiliary_SPA/index.html

(661) 654-2266 (661) 654-2299 FAX (TDD/TTY) dial 711

~ If you need a reasonable accommodation to participate in the interview process, please call (661) 654-2266.

POSITION APPLYING FOR	:							
ast Name First Name		Mido	Middle		Home Telephone		Business or Messag	e Phon
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ddress			City		State		Zip	
imail			<u> </u>					
Education								
Name and Location of Last School Attended			Major		Units/Years Completed	D	egree, Diploma or Certif	ficate
Employment Record	(List present	t or most recent job ex	kperie	ence first - inclu	ıde Armed Services, non	-paid ai	nd volunteer work.)	
Employer's Name & Address					Type of Business		Phone	
From (Mo/Yr)		☐ Full Time		Job Title		R	eason for Leaving	
		— I	-					
To (Mo/Yr)		☐ Temporary		Supervisor/Tit	le			
To (Mo/Yr) Job Duties (Describe in detail those s	similar to the jo			•	le			
Job Duties (Describe in detail those s	similar to the jo			•	Type of Business		Phone	
Job Duties (Describe in detail those s	similar to the jo	b for which you are a	pplyin	•		(Re	Phone) leason For Leaving	
	similar to the jo	bb for which you are a	pplyin	ng)	Type of Business	(R)	
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Job Duties (Describe in detail those s Employer's Name & Address From (Mo/Yr)		Full Time	pplyin	Job Title Supervisor/Tit	Type of Business	(R)	
Employer's Name & Address From (Mo/Yr) To (Mo/Yr) To (Describe in detail those s		Full Time	pplyin	Job Title Supervisor/Tit	Type of Business	((((((((((((((((((()	
Employer's Name & Address From (Mo/Yr)		Full Time	pplyin	Job Title Supervisor/Tit	Type of Business) leason For Leaving Phone	

•	ctivities atten	ded. List	ion, include: California Dr t specialized skills and ab		1 / 0	,	
Гурing:wpm	Ten-Key:	spm	Computer Platforms/Progran	ns:			
Other equipment you op	perate:			Licenses or Certific	cates:		
Diago Bood (Carofully.	and C	Pign Balaw				
Please Read C		I	under 18 years of age?		Ara Vau Pragantly Employa	42	
Can you, after employm verification of your legal		Ale you c	Yes No		Are You Presently Employed Yes	u! □ No	
work in the United State	•	If you are	e under 18 years of age, can y	ou at the time of	May We Contact Your	May we contact your	
☐ Yes ☐			loyment submit a work permit		Present Employer?	Former Employers?	
			☐ Yes	□ No	☐ Yes ☐ No	□ Yes □	No
understand that any omission or misstatement of material fact on this application or on any document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Thereby authorize the CSU, Bakersfield Auxiliary for Sponsored Programs Administration to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the CSU, Bakersfield Auxiliary for Sponsored Programs Administration any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosur n addition, I hereby release the CSU, Bakersfield Auxiliary for Sponsored Programs Administration, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure. Understand that nothing contained in the application, or conveyed during the interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the CSU, Bakersfield Auxiliary for Sponsored Programs Administration. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the CSU, Bakersfield Auxiliary for Sponsored Programs Administration, and that no promises or representations contrary to the foregoing are binding on the CSU, Bakersfield Auxiliary for Sponsored Programs Administration unless made in writing and signed by me and the CSU, Bakersfield Auxiliary or Sponsored Programs Administration unless made in writing and signed by me and the CSU, Bakersfield Auxiliary or Sponsored Programs Administration unless made in writing and signed by me and the CSU, Bak					ation and for disclosure. oration, tended and agree option of oring are		
Applicant Signat	ure				Date		
presence of States citiz	applicants are cor of non-job-related zens and aliens la	nsidered for d medical co awfully auth	MATIVE ACTION/E all positions without regard to race ondition or disabilities. It is the CSI orized to work in the United States ability may request and receive re-	e, color, religion, sex, r U, Bakersfield Auxiliary All new employees r	national origin, age, marital or vetor of or Sponsored Program's policy must provide proof of identity and	eran status, or the to hire only United authorization to	

Qualifications Briefly describe how you are qualified for this position by virtue of your interests, aptitudes, education and

CSUB's annual crime report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus centers, such as our Antelope Valley Satellite Campus and on property within, or immediately adjacent to and accessible from CSUB. The report also includes policies concerning security on campus, such as alcohol and drug use, crime prevention, reporting crimes, sexual assault and other subjects. Additionally, a daily log of offenses is maintained and can be reviewed at the front desk of the Department of Public Safety. You can obtain a copy of the annual report by contacting the Department of Public Safety Police at 661-654-2111 or by logging on to the Department of Public Safety website at https://www.csub.edu/compliance/clery/index.html



VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYMENT APPLICANTS

The CSU considers qualified applicants for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status.

The CSU is interested in reaching the broadest possible group of qualified applicants. This form has been developed to assist us in monitoring the effectiveness of our recruitment efforts, and in collecting data that is required for compliance with State, Federal and University reporting requirements. This form, and any data submitted on the form, will be kept separate from your application and resume and will not be accessible by anyone involved with making recommendations or decisions regarding selection or hiring for this job. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary.

Job/Position Number: Job/Position Tit		itle:			
Question 1. Are you Hispanic or La culture or origin, regardless of race.		uban, Mexican, Puerto Rican, South or Central American, or other Spanish			
Question 2. Regardless of your ar	swer to Question 1	, you may select one or more of the following categories that apply to you:			
CATEGORY		DEFINITION OF CATEGORY			
American Indian or Alaska N	lative	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.			
Asian Asian Indian Cambridge Chinese Filipin Japanese Korea Laotian Vietn Other Asian	no an	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.			
Black or African American		A person having origins in any of the black racial groups of Africa.			
□ Native Hawaiian or Other Po □ Guamanian □ Hawaiian □ Samoan		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
Other Native Hawaiian or Oth	er Pacific Islander				
☐ White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
Question 3. Gende	: (Please check one)	☐ Male ☐ Female			
☐ From a friend or relative☐ From an employee	Human R	resources Department rnal Publication Name:			
1		CSUB New 10/2018			