



CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Office of Human Resources

STAFF/MANAGEMENT EMPLOYMENT APPLICATION

Return Application to:

Office of Human Resources
 California State University, Bakersfield
 37 ADM
 9001 Stockdale Highway Bakersfield, CA 93311-1022
 Office Phone: (661) 654-2266 (TDD/TTY) dial 711 or (800) 855-7100

~ Resumes are welcomed but will not be accepted in place of official application.
 ~ E-mailed and/or faxed applications will not be accepted.
 ~ If required, copies of college degree, professional license, or skill certification (i.e. typing speed) must be attached to application to receive consideration. Applies to all applicants.
 ~ If you need a reasonable accommodation to participate in the interview process, please call (661) 654-2266.

(Please print or type)

An incomplete, illegible, or unsigned application may result in disqualification or non-consideration

Title of Position
Applying for:

LAST Name	FIRST Name	M.I.	Home Phone	Message Phone
Mailing Address		Email Address		May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
City		State	Zip Code	Work Phone:
			Social Security #	

Check (X) "yes" or "no" to each question below

1a) Do you currently work for CSUB? Yes No Do you currently work for CSUB Foundation? Yes No Type: STAFF FACULTY STUDENT MPP OTHER: _____

1b) Are you 18 years of age or older? Yes No If "no," a work permit may be required at time of employment.

2a) Do you have any close relative(s) employed at CSUB? Yes No 2b) If yes, list name(s) and relationship in the following space:
 Name(s): _____ Relationship to you: _____

3a) Have you ever been dismissed from employment? Yes No 3b) If "yes", please explain below (include reason, employer, position, dates).

SKILLS AND ABILITIES • Indicate any skills & abilities that are relevant to the position for which you are applying.

Typing Speed: _____ NWPM *If required, typing certificate must be attached and current within 2 years. Online/Internet certificates will not be accepted.*

Other Skills & Abilities (interpreting or other language skills, specialized equipment, shorthand & ten key speed etc.): _____

COMPUTER TECHNOLOGY SKILLS

Skill Area	Application/Software Title	Skill Level (mark box with an "X")			
		No Experience	Some Experience	Competent	Advanced
Word Processing					
Spreadsheet					
Other					

LICENSES AND CERTIFICATES • Complete this section if position requires any license and/or certificate. If so, copy of license/certificate must be attached.

Do you have a valid California Driver's License? Yes No Lic #: _____ Expiration Date: _____ Class Type: _____

Other Licenses/Certificates: Type: _____ License No: _____ Issuing State: _____ Expiration Date: _____

EDUCATION • Complete for all positions. If required, a copy of college degree or transcripts must be attached.

Check highest grade completed: Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 Graduate: 17 18

COLLEGE, UNIVERSITY, TRADE, VOCATION, MILITARY SCHOOLS ATTENDED

Name of College/University	City and State	Major	Degree Awarded?		Degree Type	# of Units Completed	
			Yes	No		Semester	Quarter

QUALIFICATIONS SUMMARY • Briefly describe how your experience, skills, knowledge, and abilities qualify you for this position.

EMPLOYMENT HISTORY <i>A resume may be submitted, but will not be accepted in place of any part of this application.</i>				
Begin with your most recent employer. Include all relevant employment and experience within the last 3 years (more if needed to qualify). Additional qualifying experience may be listed on a separate sheet attached to this application. All requested employment information <u>must be</u> provided as outlined below.				
1. Employer Name	Job Title	Hours per Week	From (mth/yr)	To (mth/yr)
Address	Job Duties			
City, State, Zip				
Supervisor Name				
Phone Number		Reason for Leaving		
2. Employer Name	Job Title	Hours per Week	From (mth/yr)	To (mth/yr)
Address	Job Duties			
City, State, Zip				
Supervisor Name				
Phone Number		Reason for Leaving		
3. Employer Name	Job Title	Hours per Week	From (mth/yr)	To (mth/yr)
Address	Job Duties			
City, State, Zip				
Supervisor Name				
Phone Number		Reason for Leaving		
REFERENCES – List three persons not related to you who may be contacted by CSUB personnel to attest to your professional experience, skills, and character.				
1). Name	Occupation/Company Name	Telephone #		
2). Name	Occupation/Company Name	Telephone #		
3). Name	Occupation/Company Name	Telephone #		

By signing below: I hereby certify that all statements made on this application and all other documents I have submitted in support of my application are true and correct to the best of my knowledge, and that I have not withheld any facts or circumstances. I understand that all offers of appointment are contingent upon receipt of satisfactory verification of the information provided and that any falsification of my application materials may be cause for disqualification from further consideration or termination if such information is determined after employment. The application materials include this document and any other materials submitted. If selected for employment, and not currently employed by CSUB, I agree to be fingerprinted and/or undergo a medical examination, if required for the position. I understand that as a condition of employment, U.S. citizens are required to sign the State of California's "Oath of Allegiance" and non U.S. citizens are required to sign the "Declaration of Permission to Work." CSUB only hires individuals lawfully authorized to work in the U.S. If hired, I agree to provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986.

In connection with the investigation of this application, I authorize the CSU to contact each of my current and former employers, educational institutions and the references listed herein. I also authorize each of the current and former employers, educational institutions, and the references listed herein to give CSU any and all information concerning my education, current and previous employment, and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I also authorize the CSU to release such employment information as necessary to those employees and agents of the CSU who require such information to investigate or to make a decision with respect to any matter pertaining to my employment. I understand my right to request access to records containing personal information about me and that all information provided may be used only for the purposes of employment in accordance with the State of California Information Practices Act of 1977.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

Applicant's Signature	Date	Date Available

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/University 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 Title:

Question 1. Are you Hispanic or Latino? (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*) Yes No

Question 2. Regardless of your answer to Question 1, you may select one or more of the following categories that apply to you:

CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	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.
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Question 3. Gender: (*Please check one*) Male Female

Question 4. Source: How did you learn about this job opening?

From a friend or relative CSUB Human Resources Department

From a CSUB employee

From a newspaper, trade or professional journal *Publication Name:* _____