

Instructions: Submit to hiring department designee. Hiring department – this is for your internal use only. Do not turn in to UP.

GENERAL INFORMATION		
Position Applying for:		
Department:		
Last Name:	First Name:	
Student ID:	Email address:	
Phone:	Cell Phone: (to receive text messages)	
Mailing Address:		
City:	State:	ZIP/Postal Code:
Year in school: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD	Major:	Expected Graduation Date
1. Are you 18 years of age or older? If "NO", a work permit is required at the time of employment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Do you have relatives who work for SJSU? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please provide information below)		
Name:	Relationship:	
Department:		
3. Have you ever been employed at SJSU? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", check status and provide		
Dates of Employment	<input type="checkbox"/> Student Assistant-Department	
4. Are you currently eligible for the Federal Work-Study Program (if applicable)? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SKILLS AND ABILITIES		
Typing Speed (WPM):	Application/Software Used	Skill Level
Word Processing		
Spreadsheet		
Database		
Internet/Web		
Programming Languages		
Computer Operating Systems		
Other		

AVAILABLE WORK HOURS				
Monday	Tuesday	Wednesday	Thursday	Friday
Date available to start work:			Hours available per week:	

EMPLOYMENT HISTORY: List all employment within the last three years. Military or volunteer experience may be used.

EMPLOYER 1:

Job Title and Department:			Avg. Hours per Week:	
Employer's Address:				
Last Salary/Payment Basis	Dates of Employment (Mo/Yr)		Immediate Supervisory/Telephone No.	
	From	To	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
Job Duties:				

EMPLOYER 2:

Job Title and Department:			Avg. Hours per Week:	
Employer's Address:				
Last Salary/Payment Basis	Dates of Employment (Mo/Yr)		Immediate Supervisory/Telephone No.	
	From	To	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
Job Duties:				

EMPLOYER 3:		
Job Title and Department:		Avg. Hours per Week:
Employer's Address:		
Last Salary/Payment Basis	Dates of Employment (Mo/Yr) From To	Immediate Supervisory/Telephone No. May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Job Duties:		

REFERENCES: List at least three persons not related to you who can attest to your professional abilities.		
1. Name	Occupation:	Phone:
2. Name	Occupation:	Phone:
3. Name	Occupation:	Phone:

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made on this application and all other documents I may have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-employment qualifications are subject to verification and I hereby authorize the University to confirm any information provided. I understand that any falsification of my application materials may be cause for disqualification from further consideration or termination, if such information is determined after employment. If selected for employment, I agree to be fingerprinted, 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." SJSU 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.

Signature	Date
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