



HUMBOLDT STATE UNIVERSITY

Associated Students Business Office

1 Harpst Street, Arcata, California 95521 • 707.826.3771

# Employment Application

POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

## Personal Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HSU E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- HSU Students: Have you been awarded Work Study Funds?  Yes  No
- Are you eligible for employment in the United States?  Yes  No
- Have you ever been convicted of a crime?  Yes  No

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

*Conviction is not an automatic bar to employment. Each case will be considered on its own merits. Failure to report or omission of any convictions will result in immediate rejection of application or termination.*

- Have you worked for any of the departments listed below?  Yes  No If yes, please mark which one(s):

- A.S. Government  A.S. Presents  CCAT  Eric Rofes Queer Resource Center  Humboldt Film Festival  Graduate Pledge Alliance
- MultiCultural Center  Student Access Gallery  Women's Resource Center  WRRAP  Youth Educational Services
- Other campus departments \_\_\_\_\_

## Education

SCHOOL NAME	LOCATION	UNITS OR GRADE LEVEL COMPLETED	DEGREE / CERTIFICATE RECEIVED	MAJOR / AREA STUDIED

## Skills & Experience

1. Please explain why you are interested in this position.

2. Briefly describe any past experience, campus activities, and/or skills that you feel qualify you for this position.

## Employment History

List your last two (2) employers, assignments or volunteer activities, starting with the most recent, including military experience. If you would like to include additional employment history, please attach it on a separate page.

FROM	TO	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS	CITY	STATE	ZIP
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON FOR LEAVING					

FROM	TO	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS	CITY	STATE	ZIP
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON FOR LEAVING					

• May we contact your present employer?  Yes  No

## References (work-related preferred)

NAME	TELEPHONE	YEARS KNOWN
	( ) -	
	( ) -	
	( ) -	

• It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

• I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

• The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_