STUDENT EMPLOYMENT APPLICATION

Human Resources & Employment Equity Form 240 Cal Poly, San Luis Obispo

NOTICE: All Student Employees Are Required To Present An <u>Original</u> Social Security Card When Signing Employment Documents In The Payroll Services Office, Adm. 107

Position Applying For: Name: Local Address:			Department: Social Security No.: Permanent Address:								
						City/State/Zip:			City/State/Zip:		
						Local Phone: (805)			Driver's License No.:		
Major:	Year in School:	Ex	pected Graduation Date:	Hours Available per Week:							
Please answer the follow 1) Have you ever been co *If Yes, please describe:	onvicted for any	v of		or traffic violations? Yes No							

2) Can you submit proof of age at time of employment? Yes____ No____

3) Are you a U.S. Citizen?

*If No, you will be required to present your Resident Alien Card or a valid passport and visa with accompanying I-20.

AVAILABLE WORK HOURS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00					
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

	DATES OF EMPLOYMENT HISTORY EMPLOYMENT Resumes may be included; however, the <u>employment portion</u> of the applicate				41 12
EMPL	OYMENT		included; however, the <u>employn</u> L. List any promotions as a separa	_	the application
From:		Name of Employer:)
Mo.	Yr.	Address:			
		Duties:			
To:					
Mo.	Yr.	Reason for Leaving:			
From:		Name of Employer:		Phone ()
Mo.	Yr.	Address:			
		Duties:			
To:					
Mo.	Yr.	Reason for Leaving:			
From:		Name of Employer:		Phone ()
Mo.	Yr.	Address:			
		Duties:			
To:					
Mo.	Yr.	Reason for Leaving:			
		Special T	raining/Additional Qualificat	tions	
			REFERENCES		
Name:			Title:	Phone ()
Address	s/City/State	/Zip:			
Name:			Title:	Phone ()
Address	s/City/State	/Zip:			
Name:			Title:	Phone ()
Address	s/City/State	/Zip:			
PLEAS	SE READ	CAREFULLY BI	EFORE SIGNING:		
	ion of the Un		State Employee's Oath of Allegiance swee of California (non-citizens are exempted)		
of my kno falsificati	owledge and lon of the ab	belief. I fully understar	egiance and that all statements on this app nd and meet the eligibility criteria for stu- sidered cause for termination and that	dent employment.	I understand that any

Signed: ____

Date: ______ HR Form 240 Rev. 9/98