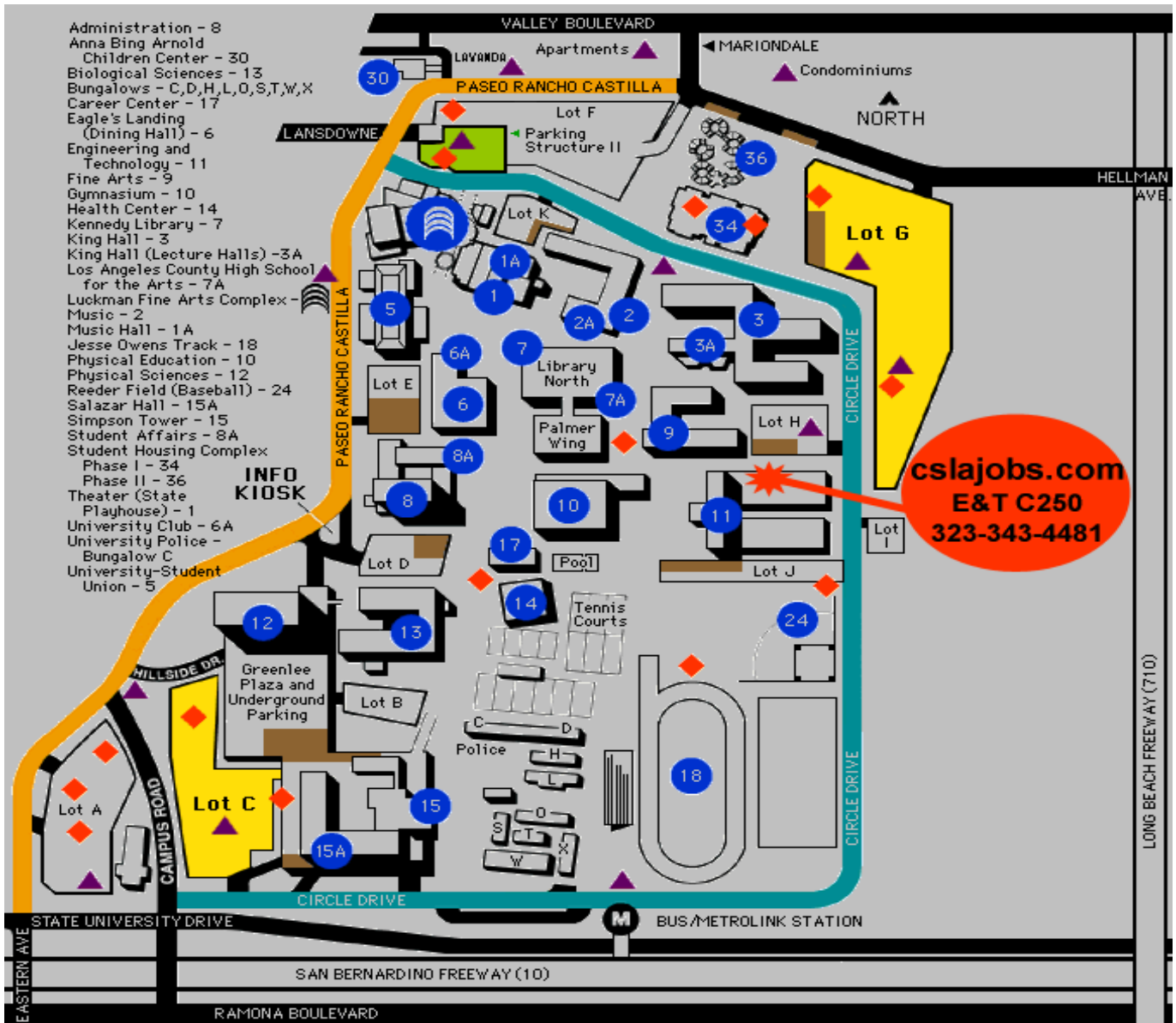


APPLY NOW FOR A WORK STUDY JOB WITH CSLAJOB.COM

- (1) **YOU MUST A HAVE FINANCIAL AID AWARD TO APPLY.** Include a copy of your Award Summary with this application. It can be found when you log into <http://get.calstatela.edu>, click on the student services link.
- (2) Fill out the next 3 pages of the Student Employment Application. Additional pages are filled in automatically.
- (3) Print out all 8 pages.
- (4) Sign at the bottom of page 1 of the Student Employment Application, "the next page".
- (5) Put both the Award Summary and the completed application in an envelope addressed to:

Michael Obermeyer
 EE Laboratory Support Position
 Cal State Los Angeles
 5151 State University Drive
 Los Angeles, CA 90032

- (6) Mail the Award Summary and application to the above address. Standard letter postage will more then cover the 9 pages. You may also slide the envelope under the door at E&T room C250.
- (7) Send me an email for the status of your application, mike@cslajobs.com.



STUDENT EMPLOYMENT APPLICATION

PERSONAL DATA				Date / /		<input type="radio"/> U.S. Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Student Visa Type	
Name <i>Last</i>		<i>First</i>		<i>Middle Initial</i>			
Mailing Address <i>Street No.</i>			<i>Apt. #</i>		Present Phone		E-mail
<i>City</i>		<i>State</i>		<i>ZIP Code</i>		Message Phone ()	
Job Title						Job Number	

Check Type of Student Employment Student Assistant Work-Study (*Submit Financial Aid Award Letter*)

Post Secondary Education (Do not include High School)	From Mo/Yr	To Mo/Yr	Major/Career Goal	Degree Rec'd or Expected	Grad. Date Mo/Yr	GPA
<i>California State University, Los Angeles</i>						

Academic Level: Freshman Sophomore Junior Senior Graduate Student

EMPLOYMENT INFORMATION Employment and Business Experience
(Include Permanent, Cooperative, Intern, Volunteer, Summer work and any U. S. Military Service.)

Work Experience (Name and Address of Employer)	Description of Work (Descriptive Title)	Hours Per Week	Dates (Mo/Yr)	
			From	To

Do you have a current Driver's License? Yes No Access to own transportation? Yes No

Activities: (Honors, Clubs, Sports and Hobbies, etc.)

Check times you are NOT available to work or interview:	DAY	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-6	6-8	After 8
	Monday											
Tuesday												
Wednesday												
Thursday												
Friday												

I authorize hiring departments to verify my enrollment and overall GPA at Cal State L.A. To determine my eligibility for student employment.

Signature _____ Date _____

Please indicate, by checking the appropriate box, those skills and attributes which best describe your most important work experience.
(Check all that apply)

ACCOUNTING SKILLS.....

- Accounting Courses
- Bookkeeping
- Math Skills
- Detail-Oriented
- Inventory Control
- Journal Entries
- Payroll/Attendance
- Spread Sheet Maintenance

ART.....

- Web Design Maintenance
- Desktop Publishing
- Create Newsletters/Brochures
- Graphic Arts and Design
- Layout & Past-up
- Photography

COMPUTER SKILLS.....

- Microsoft Office Applications
- Programming Experience/Ability
- HTML Coding
- Software Installation/Upgrades
- Data Entry
- Assists/Trains Users
- Performs Diagnostics
- PC Installer
- IBM Experience
- Computer Operator
- Computer Experience
- Graphics Applications
- Web Design Programs

ENGINEERING.....

- Drafting

ENGLISH.....

- Good Spelling
- Editing
- Writing Skills
- Verbal Skills
- Bilingual (languages)
- Proof Reading

GENERAL SKILLS.....

- Task-Oriented
- Works Under Pressure
- Lead Person
- Good Communication Skills
- Prioritizes Tasks
- Neat Appearance

- Team-Player
- Own Transportation
- California Driver's License
- Dependable/Punctual
- Ability to Analyze
- Interacts Well
- Plans Events
- Organizational Skills
- Self Motivated
- Work Independently

HEALTH.....

- Water Safety Instruction Certificate
- CPR Certificate
- First Aid Certificate
- Physically Fit (if applicable)

JOB CHARACTERISTICS.....

- Time-Sensitive
- Maintains same schedule
- Hours Will Vary
- Standing/Lifting
- Background Check
- Finger Printing
- Weekends/Nights Mandatory

OFFICE SKILLS.....

- Takes Messages
- Phone Skills
- Accurate Typing
- Typing 30+ WPM
- Typing 40+ WPM
- Receptionist Duties
- Filing
- Sends/Receives Faxes
- Orders/Maintains Supplies
- Mass Mail-Outs
- Schedules Appointments
- Sorts/Distributes Mail

SOCIAL SCIENCE.....

- Counseling
- Tutoring
- Mentoring

WORK EXPERIENCE.....

- Summer Youth Experience
- Entry Level
- 1 Year Experience
- 1-2 Year Experiences
- Supervisory Experience
- Related Work Experience
- Familiar With University

C A L I F O R N I A S T A T E U N I V E R S I T Y , L O S A N G E L E S

STUDENT WORKER EMPLOYEE DATA SHEET

ACADEMIC LEVELS

- Freshman Sophomore Junior Senior Graduate

GENDER

- Female Male

BIRTHDATE

Month *Day* *Year*

CITIZENSHIP

- U.S. Citizen Permanent Resident Student Visa Type

IDENTITY

- | | | |
|---|---|--|
| <input type="radio"/> Mexican, Mexican-American, Chicano (A) | <input type="radio"/> Samoan (Q) | <input type="radio"/> Cambodian (U) |
| <input type="radio"/> Puerto Rican (B) | <input type="radio"/> Guamanian / Chamorro (R) | <input type="radio"/> Loatian (V) |
| <input type="radio"/> Cuban (C) | <input type="radio"/> Other Pacific Islander (T) | <input type="radio"/> Other Asian (S) |
| <input type="radio"/> Any other Spanish/Hispanic (D) | <input type="radio"/> Japanese (I) | <input type="radio"/> American Indian (H) |
| <input type="radio"/> White (E) | <input type="radio"/> Chinese (J) | <input type="radio"/> Eskimo (N) |
| <input type="radio"/> Black (F) | <input type="radio"/> Korean (K) | <input type="radio"/> Aleut (O) |
| <input type="radio"/> Filipino(G) | <input type="radio"/> Vietnamese (L) | <input type="radio"/> Other, not listed (X) |
| <input type="radio"/> Hawaiian (P) | <input type="radio"/> Asian Indian (M) | |

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; margin: 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in **Part 8** of the Handbook for Employers (M-274)

Employee Transaction Form

P.R.# _____



California State University, Los Angeles

1. Faculty Staff Student

2. National ID (SSN)		3. Legal Name (Last, First, Middle)				4. 1-9 <input type="checkbox"/> On File <input type="checkbox"/> Attached								
5. Job Code Description (Classification) Federal Work Study (FWS)		6. Department Electrical Engineering		7. Dept. Code 237		8. School Code 52		9. Work Location Abbreviation E&T C250						
Classification is covered by Collective Bargaining Unit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> C99 <input type="checkbox"/> E99 <input type="checkbox"/> M80 <input type="checkbox"/> M98														
10. Working Title (when applicable) Laboratory Assistant			11. Supervisor & Extension Mike Obermeyer/4481			12. Other Current Employment (including Cal State L.A.) <input type="checkbox"/> Teaching <input type="checkbox"/> Non-Teaching								
14. Institution where highest degree earned:			Degree Month Year			15. Doctorate Expected Date: Institution:								
16. Position/Job					Time Base		17. Concurrent Position/Job			Time Base				
Fund (Agency)	Unit	Job Code (Classification)	Employee Record (Serial)	Grade (Range)	Hours	Units	Fund (Agency)	Unit	Job Code (Classification)	Employee Record (Serial)	Grade (Range)	Hours	Units	
233	152	1871	975											
18. Action/Reason <input type="checkbox"/> Academic Year <input type="checkbox"/> FERP <input type="checkbox"/> Retired Annuitant <input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month Effective Date Expires on or Before <input type="checkbox"/> F 20 <input type="checkbox"/> W 20 <input type="checkbox"/> Sp 20 <input type="checkbox"/> Su 20 OR <input type="checkbox"/> Hire/Rehire (If faculty, check below) <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract <input type="checkbox"/> Teaching Associate <input type="checkbox"/> Full-time Temp. <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Probationary <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment (Transfer) <input type="checkbox"/> Return from Reassignment <input type="checkbox"/> Change in Units/Hours From: To: <input type="checkbox"/> Extension of Temporary Appointment <input type="checkbox"/> Internal Position No. Change Only <input type="checkbox"/> Other (Indicate in "Remarks" box) <input type="checkbox"/> Selected for Announced Position <input type="checkbox"/> Change from a temporary to permanent appointment <input type="checkbox"/> Eligible for benefits (Must enroll within 60 days) <input type="checkbox"/> Credit given towards probationary period						19. Compensation Rate Base Actual \$ \$7.50 <input type="checkbox"/> Month <input type="checkbox"/> Unit <input type="checkbox"/> Day <input type="checkbox"/> Quarter <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Step								
22. Tenure Status On Probation, no probation or permanent status in another class: (A) <input type="checkbox"/> 1 Year (A) <input type="checkbox"/> 2 Years On Probation, probationary in another class: (B) <input type="checkbox"/> 1 Year (B) <input type="checkbox"/> 2 Years On Probation, permanent/tenured in another class: (C) <input type="checkbox"/> 1 Year (C) <input type="checkbox"/> 2 Years (D) <input type="checkbox"/> Probation, Partial Waiver (E) <input type="checkbox"/> On probation end date extended following LWOP, W/C, IDL or NDI (I) <input type="checkbox"/> Permanent/Tenured (J) <input type="checkbox"/> Permanent/Total Waiver						23. Service-based Salary Increase Month Day <input type="checkbox"/> No Change <input type="checkbox"/> Not Applicable			24. Prob. Period Ending Date Month Day Year <input type="checkbox"/> No Change <input type="checkbox"/> Not Applicable			25. PeopleSoft Action/Reason Code: _____ Subcode (If Applicable): _____		
21. Leave Conditions (Academic Only) <input type="checkbox"/> SSI Credit <input type="checkbox"/> Sabbatical Accrual <input type="checkbox"/> Tenure Credit <input type="checkbox"/> Sabbatical: <input type="checkbox"/> 1 Qtr.- Full Pay <input type="checkbox"/> 2 Qtrs.- 3/4 Pay <input type="checkbox"/> 3 Qtrs.- 1/2 Pay <input type="checkbox"/> Difference in Pay: <input type="checkbox"/> 1 Qtr. <input type="checkbox"/> 2 Qtrs. <input type="checkbox"/> 3 Qtrs. <input type="checkbox"/> Other Earliest date for Sabbatical Eligibility: Month Day Year						26. Professional License/Certificate Code Expiration Date Month Day Year								
27. MPP Reporting Code: _____						28. This Document Prepared By: Career Center Financial Aid M. Obermeyer Extension: 4481								
Remarks: FWS Grant Amount \$ _____ Enrolled Units _____						Department Head _____ Date _____ Dean/Director _____ Date _____ Fiscal Approval _____ Budget _____ Date _____ Executive Officer _____ Date _____ Human Resource Management _____ Date _____								
Payroll Use: Initial: Date:						Date								