



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

EMPLOYMENT APPLICATION PACKET

In order to be considered for employment with UAS Inc., the following forms should be completed:

1. Employment Application (required)
2. Affirmative Action Survey (voluntary)
3. Self-Identification of Disability (voluntary)

The information obtained from forms 2 and 3 is confidential and not a factor in consideration for employment.

Please submit all pages of this packet to:

UAS Human Resources
Golden Eagle Building, Room 310
5151 State University Drive
Los Angeles, CA 90032

FAX TO: (323) 343-6821
EMAIL TO: uashr@cslanet.calstatela.edu

If you are an individual with a disability and if you need assistance with the employment application, you can contact our Office for Equity & Diversity at 323-343-3040.

UAS Human Resource Use Only

<input type="checkbox"/> Application Logged in		
<input type="checkbox"/> Receipt acknowledgement mailed		
<input type="checkbox"/> Application forwarded to department yes	Date forwarded _____	Date returned _____
<input type="checkbox"/> Interview scheduled		
<input type="checkbox"/> References checked		

EMPLOYMENT APPLICATION



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

Position Title:					
UAS Reference Number:		Date available to start work:			
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. (Last) (First) (Middle)		List other names used to assist us in checking your references and background:			
Home Phone				Cell Phone	
Business Phone				May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			Apt. no.		
City		State	Zip		
E-mail Address					
Can you provide verification of your right to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you related to anyone employed by Cal State L.A. or UAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following: (use separate sheet if more than one relative)					
Name		Relationship	Department		
Were you previously employed by UAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?					

EMPLOYMENT HISTORY - List present or most recent employment first. Include any volunteer work that relates to the position for which you are applying. If you were unemployed for any period, state the nature of your activities. Attach additional sheets if necessary. Please complete this section, even if accompanied by a resume.

Name of Present or Last Employer (Company Name)			Address:		Telephone: ()	
Employed: (month/year)	From	To	Describe Duties:			
Position Title		PT <input type="checkbox"/>				
		FT <input type="checkbox"/>				
Name & Title of Immediate Supervisor						
Reason for leaving:						
May we contact employer? Yes No						

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Name of Previous Employer (Company Name):			Telephone: ()		
Address:					
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor:					
Reason for leaving:					
May we contact employer? Yes No					
Name of Previous Employer (Company Name):			Address:		Telephone: ()
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor:					
Reason for leaving:					
May we contact employer? Yes No					
Name of Previous Employer (Company Name):			Address:		Telephone: ()
Employed: (month/year)	From	To	Describe Duties:		
Position Title		PT <input type="checkbox"/> FT <input type="checkbox"/>			
Name & Title of Immediate Supervisor:					
Reason for leaving:					
May we contact employer? Yes No					

EDUCATION – List schools attended (include military training and/or related courses)

High School Attended (name and location)			
College Education (name and location)	Total Credit Hours	Degree Earned	Major/Minor Subject

Please note: For positions that require a degree, an official copy of your transcript will be required upon employment.

SKILLS - list skills applicable to position

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List valid licenses or certificates:
Computer Programs:
Keyboarding WPM:
Other skills:

OTHER QUALIFICATIONS

Have you entered into any agreements with any former employer or other entity (for example, an agreement not to compete or a confidentiality agreement) that may affect your ability to work for UAS? Yes No

If you answered "yes" please provide us with a copy of any such agreement(s)

Can you Travel if required by the positions? Yes No

Do you have a vehicle available for your use if needed for the position? Yes No

If you have qualifications which especially equip you to work with culturally diverse and/or minority groups and multi ethnic programs please include a description:

REFERENCES - List three professional references

Name of Reference	Title of Reference	Name of Institution	Work Address	Business Telephone

UAS is an equal opportunity employer subject to all state, federal and CSU regulations pertaining to non-discrimination based on race, national origin, religion, disability, marital status, age, veteran status, pregnancy, gender, and sexual orientation. Upon request, reasonable accommodation will be provided to individuals with protected disabilities to complete the employment process and perform essential job functions.

I have read the job description and I can perform the essential functions of the job with or without a reasonable accommodation. Yes or No

EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ CAREFULLY

- I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment for any specified period. If hired, I will be employed at will; I understand that this means that either I am or UAS is free to terminate the employment relationship at any time with or without cause or prior notice.
- I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire me or, if I am hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- I understand that no representative of UAS other than the Executive Director has any authority to enter into an agreement for employment for any specified period of time or in any way to modify the at-will nature of the employment relationship. I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement as a condition of employment. I further understand that, at a minimum, such agreement will prohibit the use and disclosure by me of certain information that I have acquired during my employment.
- I also understand that as a condition of employment, I may be required to enter into an arbitration agreement with the Company, whereby disputes regarding my employment will be resolved by arbitration and not in court.
- I understand that if I am considered for a driving position, I may be subject to all DOT regulations as they may apply to the position, including those regulations regarding physical examinations, and drug and alcohol testing procedures.
- I understand that employment is contingent upon the receipt of documents verifying employment eligibility.

Signature of Applicant _____

Date _____

REFERENCE CHECK AUTHORIZATION

I hereby authorize any former employer or educator to furnish University Auxiliary Services, Inc. a reference and all information pertaining to me while I was an employee/student of the organization. A photocopy of this authorization shall be deemed as valid as the original.

Name _____

Signature _____

Date _____

EMPLOYMENT APPLICATION



Voluntary Invitation to Self Identify Applicants

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Cal. State L.A. University Auxiliary Services, Inc. (UAS) is an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain and report certain information regarding its applicants and employees. These guidelines will be applied by the Equal Employment Opportunity Commission in the enforcement of title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 (hereinafter "Title VII")

In order to comply with the law(s), you are **invited** to provide the following information **voluntarily**. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to supply this information will not jeopardize or adversely affect any consideration you may receive for employment. When reported to the government, this data will not identify any specific individual.

If you believe you belong to any of the categories of qualified veterans listed on page two, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Section 1: General Information

Name:	Date:
Position Title:	
Supervisor or Manager:	

Section 2: Please check () all that apply (See second page for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I identify as a qualified veteran. <input type="checkbox"/> I am not a qualified veteran
		**Other
		<input type="checkbox"/> How did you hear about the job?

If you need assistance with completion of this form and/or the application process assistance will be provided upon request.

I choose not to Self-Identify.

Signature: _____

<i>For Human Resources Use Only:</i>	<i>Requisition #</i>	<i>Job Group</i>
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*[**Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:*

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1)The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

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.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

QUALIFIED VETERAN:

A “disabled veteran” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or show citation box or a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.