



# California State University, Chico

Application for Academic Employment  
Dean, Assoc. Dean, Faculty, Librarian, Counselor, Coach

**Unit 3 &  
MPP**

**Position Applying For:**

**Recruitment #**

Please mail to: (*Department Name*) Search Committee, 400 W. 1<sup>st</sup> Street, Chico, CA 95929-0

## PERSONAL DATA

|                  |                              |                       |  |
|------------------|------------------------------|-----------------------|--|
| Name:            |                              |                       |  |
| <i>Last Name</i> | <i>First Name</i>            | <i>Middle Initial</i> |  |
| Address:         |                              |                       |  |
| <i>Address</i>   | <i>City, State, Zip Code</i> | <i>Country</i>        |  |
| Home Phone: ( )- | Cell Phone: ( )-             | E-Mail:               |  |

## WORK AUTHORIZATION

If hired, you will be required to furnish proof that you are legally authorized to work in the U.S.  
 Can you furnish such proof?  Yes  No

**Please attach current curriculum vitae containing at least the following information:**

1. Education
  - a. Colleges or Universities attended, their locations and dates of attendance
  - b. Majors or fields of study, including undergraduate and graduate majors, degrees earned and areas of concentration
  - c. NOTE: Official transcripts are required within 90 days of appointment.
2. Experience
  - a. Beginning with the most recent activities, a chronological listing of teaching & related professional work experience, including the name, location and phone number of previous employers and supervisors, dates of employment, title or academic rank, and reason for leaving.
  - b. A specific listing of courses previously taught.
  - c. Indicate whether permission is given to contact previous employers.
3. Publications, honors, awards and memberships in professional organization.
4. Any other qualifying experience, whether paid or voluntary or other information you wish to have considered. Include any other employment experience you wish to have considered, including place of employment, position or title, full or part-time and inclusive dates of employment.
5. The names, addresses, and telephone numbers of at least three people not related to you whom we may contact for an evaluation of your professional abilities.

## STATEMENT OF ACCURACY

I certify that the answers I have given in the materials I have submitted in the application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given on my application for employment are subject to verification and that, should I be employed at Chico State University, any misrepresentation or omission of facts on this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

*Signature*

*Date*

Chico State's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by Chico State University and on the public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning campus security, alcohol/drug use, crime prevention, reporting of crimes, sexual assault and other matters. You can obtain a copy of this report by contacting Police and Safety Services at (530) 898-5555, or by accessing the Police and Safety Services Web site. Chico State is an EOE/M/F/Vet/Disability Employer.

It is CSU policy to provide equal employment opportunity and to advance in employment all qualified individuals without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex, gender identity, gender expression, age (over 40), sexual orientation, or protected veteran status.

The CSU is interested in monitoring the effectiveness of our recruitment efforts and the diversity of our workforce. This form has been developed to assist us in these efforts and in collecting data that is required by University policies and State and Federal laws, including Executive Order 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, and Section 503 of the Rehabilitation Act of 1973, as amended.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

If you have a disability and need accommodation, please contact the Human Resources or Faculty Affairs Office to begin an interactive discussion to identify and provide you a reasonable accommodation.

**Ethnicity.** Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes       No

**Race.** Regardless of your answer to the above question, you may select one or more of the following categories that apply to you:

| CATEGORY   | DEFINITION OF CATEGORY   |
|--|--|
| <input type="checkbox"/> <b>American Indian or Alaska Native</b>   | A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.  |
| <input type="checkbox"/> <b>Asian</b><br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Cambodian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Laotian<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian | 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. |
| <input type="checkbox"/> <b>Black or African American</b>  | A person having origins in any of the black racial groups of Africa.   |
| <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b><br><input type="checkbox"/> Guamanian<br><input type="checkbox"/> Hawaiian<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Native Hawaiian or<br><input type="checkbox"/> Other Pacific Islander  | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="checkbox"/> <b>White</b>  | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |

**Gender.** Please select one of the following:

- Male       Female

**Protected Veterans.**

**Definition**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U. S. C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

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
- 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.

**Self Identification**

If you believe you belong to any of the categories of protected veterans listed above, 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.

- I identify as one or more of the classifications of protected veteran listed
  - Disabled veteran
  - Recently separated veteran      Date of discharge  mm/dd/yyyy
  - Active wartime or campaign badge veteran
  - Armed forces service medal veteran
- I am a protected veteran, but I choose not to self-identify the classification to which I belong
- I am not a protected veteran
- I am not a veteran

**Applicant's Name** (Last, First, Middle Initial)

**Job/Position Number**

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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<sup>1</sup>. 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 1/31/2017  
Page 2 of 2

## 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.

<sup>1</sup> 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](http://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.