

TEACHING ASSOCIATE APPLICATION FOR EMPLOYMENT



California State University, Chico
 Office of the Vice Provost for Human Resources
 Chico, California 95929-0024
 Voice 530-898-5029 TDD 530-898-5870

_____ Position Title

_____ Department

To comply with the Immigration Reform and Control Act of 1986, all new employees must provide proof of identity and authorization to work.

_____ Name: Last, First, M.I. -- as it appears on your Social Security Card

_____ Previous name(s) used, if different

Mailing Address: Post Office Box or Number and Street

City, State, and Zip

() _____
 Home Phone Number

() _____
 Work Phone Number

() _____
 Message Phone Number

| EDUCATION | | |
|--|-------|-----------------------|
| Highest degree received and date of receipt: _____ | | |
| Application must be accompanied by transcripts. | | |
| Name of School | Major | Diploma/Degree Earned |
| | | |
| | | |
| | | |
| Professional Schools or Licenses and Certificates: | | |
| | | |
| Other Educational Information: | | |
| | | |

| WORK AUTHORIZATION |
|--|
| California State University, Chico only employs individuals legally authorized to work in the United States. Should you be offered a position on this campus would you be able to furnish proof that you are authorized to work? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'no,' explain: |
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|---|
| The position for which you have applied may require the use of a state vehicle for state business. If you are offered and accept a position can you furnish proof of a valid California driver's license? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'no,' explain: |
| |

EMPLOYMENT HISTORY

Account for work experience during the last 10 years and describe specific duties that are relevant to the position for which you are applying. **To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a résumé only for the duties description.

| | | | | | |
|------------------------------|-------------|--------------------------|------------------------------------|--|---------------------------------|
| FROM (mo/yr): | TO (mo/yr): | JOB TITLE or OCCUPATION: | Part time <input type="checkbox"/> | Full time <input type="checkbox"/> | NAME OF YOUR DIRECT SUPERVISOR: |
| EMPLOYER'S NAME and ADDRESS: | | | | SUPERVISOR'S PHONE NUMBER: () | |
| DESCRIPTION OF DUTIES: | | | | | |
| REASON FOR LEAVING: | | | | | |

| | | | | | |
|------------------------------|-------------|--------------------------|------------------------------------|--|---------------------------------|
| FROM (mo/yr): | TO (mo/yr): | JOB TITLE or OCCUPATION: | Part time <input type="checkbox"/> | Full time <input type="checkbox"/> | NAME OF YOUR DIRECT SUPERVISOR: |
| EMPLOYER'S NAME and ADDRESS: | | | | SUPERVISOR'S PHONE NUMBER: () | |
| DESCRIPTION OF DUTIES: | | | | | |
| REASON FOR LEAVING: | | | | | |

| | | | | | |
|------------------------------|-------------|--------------------------|------------------------------------|--|---------------------------------|
| FROM (mo/yr): | TO (mo/yr): | JOB TITLE or OCCUPATION: | Part time <input type="checkbox"/> | Full time <input type="checkbox"/> | NAME OF YOUR DIRECT SUPERVISOR: |
| EMPLOYER'S NAME and ADDRESS: | | | | SUPERVISOR'S PHONE NUMBER: () | |
| DESCRIPTION OF DUTIES: | | | | | |
| REASON FOR LEAVING: | | | | | |

| | | | | | |
|------------------------------|-------------|--------------------------|------------------------------------|--|---------------------------------|
| FROM (mo/yr): | TO (mo/yr): | JOB TITLE or OCCUPATION: | Part time <input type="checkbox"/> | Full time <input type="checkbox"/> | NAME OF YOUR DIRECT SUPERVISOR: |
| EMPLOYER'S NAME and ADDRESS: | | | | SUPERVISOR'S PHONE NUMBER: () | |
| DESCRIPTION OF DUTIES: | | | | | |
| REASON FOR LEAVING: | | | | | |

EMPLOYMENT/EDUCATION INFORMATION RELEASE AUTHORIZATION

As an applicant for a position with California State University, Chico I do hereby authorize all past and present employers, references, institutions of higher education and other appropriate persons or agencies to release to the University any and all information regarding my employment/education upon request. I do hereby agree to hold such employers, institutions, references, persons, etc. harmless from liability for releasing said information.

SIGNATURE must be original

DATE

APPLICANT CERTIFICATION

I certify that the answers I have given in the materials I have submitted in 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 in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

SIGNATURE must be original

DATE