



California State University **Chico**
Academic Affairs

FACULTY AFFAIRS AND SUCCESS

Kendall Hall, Room 104, 400 W. 1st Street
Chico, California 95929-0024

GRADUATE ASSISTANT APPLICATION FOR EMPLOYMENT

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

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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? ☐ NO ☐ YES If 'no,' explain:

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? ☐ NO ☐ 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:					

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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