



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:					
<hr/>					
<hr/>					
REASON FOR LEAVING:					
<hr/>					

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:					
<hr/>					
<hr/>					
REASON FOR LEAVING:					
<hr/>					

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:					
<hr/>					
<hr/>					
REASON FOR LEAVING:					
<hr/>					

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:					
<hr/>					
<hr/>					
REASON FOR LEAVING:					
<hr/>					

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