

Temporary Lecturer Application for Employment



California State University, Chico
Office of Academic Personnel
Chico, California 95929-0024
530-898-5029

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, Middle Initial _____ Previous name(s) used, if different _____
(as it appears on your Social Security Card)

E-mail Address _____ Chico State ID Number _____

Mailing Address: P.O. Box or Number and Street _____ City, State, and Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Education

Highest degree received and date of receipt _____

Application must be accompanied by official transcripts

Name of School	Major	Diploma/Degree Earned
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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?

- YES
 NO (If 'no' explain)

Employment History

Account for work experience during the last 10 years and describe 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 resume for the description of duties portion only.

Position 1

Part-time

Full-time

Job Title/ Occupation

Employer's Name

Date Range (mo/yr)

Employer's Address

Direct Supervisor's Name

Supervisor's Phone no.

Description of Duties

Reason for Leaving

Position 2

Part-time

Full-time

Job Title/ Occupation

Employer's Name

Date Range (mo/yr)

Employer's Address

Direct Supervisor's Name

Supervisor's Phone no.

Description of Duties

Reason for Leaving

Position 3 **Part-time** **Full-time**

Job Title/ Occupation

Employer's Name

Date Range (mo/yr)

Employer's Address

Direct Supervisor's Name

Supervisor's Phone no.

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 an 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

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"/> American Indian or Alaska Native	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"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <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"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Native Hawaiian or <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"/> White	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 disabilities¹. 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
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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.

¹ 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.