Channel Islands

Student Employment Application

Personal Information

Last Name	First Name:	Middle Name:	Alias(es):

Address:	City:	State:	Zip:	Country

Home Number:	Work Number:	Fax Number:	Email Address:

Are you 18 years of age or older?	If you are hired, will you be able to submit verification of your legal right to work in the United States?

Do you have any close relatives employed at CI?	If so, please indicate the name and relationship, Department, and Position of the relatives:

Have you ever been employed by CI?	If yes, please state Date Employed, Department, Position:

Have you been a CI employee for more than 90 days?	If yes, what was your start date?

Have you ever been dismissed from employment?	If so, please explain:

Indicate any of the following that you are willing to work (select all that apply):

☐ Full Time ☐ Part Time ☐ Temporary ☐ Weekends ☐ Shifts ☐ On Call

Positions for which you apply may require the use of a State vehicle for State business. Should you be offered and accept a CSU Channel Islands position, can you furnish proof of a current valid Driver's License?

Education

Name of School	Type of School	Major	Degree	Years Completed	Did you graduate?	Dates Attended
						Begin: End:

Work Experience

Employer Name:	Job Title:	Dates Employed: Begin: End:	Salary: Begin: End:	Phone:

Supervisor Name:	Supervisor Title:	Reason for Leaving:

Work Performed:

May we contact this employer?

Employer Name:	Job Title:	Dates Employed: Begin: End:	Salary: Begin: End:	Phone:

Supervisor Name:	Supervisor Title:	Reason for Leaving:

Work Performed:

May we contact this employer?

Employer Name:	Job Title:	Dates Employed: Begin: End:	Salary: Begin: End:	Phone:

Supervisor Name:	Supervisor Title:	Reason for Leaving:

Work Performed:

May we contact this employer?

References

Name:	Occupation:	Relationship:	Address:	Phone Number/Email:

Additional Information

Please list any special skills or abilities that will better qualify you for a position with CI:

Agreement

I choose to waive my right to receive copies of all public records that may be obtained regarding me as a result of my application for employment with CSU Channel Islands (e.g. records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment).

_____ _____

Applicant's Initials Date

I certify the statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statement made herein will void this application and any actions based upon it. I agree to revise this application should any of the information change. Depending upon the position for which I apply, I understand that the University may conduct a background check. If selected for employment, I authorize the University to conduct a background check, which may include reference, criminal, civil, credit or driving checks relating to my employment. I also authorize all prior employers to provide full details concerning my past employment.

The CI Campus Safety Policy includes statistics for the previous three years concerning reported crimes that occurred on campus, on property owned or controlled by CI, and on public property within or immediately adjacent to and accessible from the campus. The report includes institutional policies concerning campus security, such as policies regarding alcohol and drug use, crime prevention, reporting of crimes, sexual assault and other matters. This policy is produced in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. You can obtain a copy of this report by contacting the CI Police Department or by accessing the following website: www.csuci.edu/police/police.html. California State University Channel Islands is an Equal Opportunity / Affirmative Action Employer. In compliance with the Americans with Disabilities Act, assistance and reasonable accommodations are available.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

_____ _____ _____

Applicant's Name Applicant's Signature Date