

STUDENT EMPLOYMENT APPLICATION FORM



PURPOSE: The purpose of this form is to enable the recipient to apply for open student worker positions.

INSTRUCTIONS: This form is to be filled out completely and accurately by the recipient and submitted to those departments for whom you desire to work. Human Resources department also needs a copy of this completed form.

(PLEASE PRINT OR TYPE AND CHECK APPROPRIATE CIRCLES)

POSITION INFORMATION

For what position are you applying? _____ Application Date _____

Mo Day Year

Department/Division _____ How many hours per week? _____

Have you ever been employed with CBU before? Yes No If Yes, please give dates: _____ / _____

Verification of eligibility to work in the United States will be required as a condition of employment in the position. This includes completion of INS I-9 form and verification of identification documents.

Can you provide these documents? Yes No

PERSONAL INFORMATION

Last Name First Middle Initial Social Security Number

8432 Magnolia Ave _____ Riverside CA 92504
On Campus Address (if applicable) **Campus Box Number** City State Zip

(_____) _____ @calbaptist.edu
Home Phone /with area code Cell Phone /with area code CBU Email Address

Permanent Street Address: Number and Street City State Zip

Person to notify in an Emergency: Last Name First Name Phone /with area code (_____) _____

Student ID # _____ Are you currently enrolled at CBU? Yes No

Academic Major _____ Year in School/Completed Units _____

Other on-campus involvement (FOCUS, RA, ASCBU, etc.) _____

Continue on reverse side

Please give accurate, complete full-time and part-time employment history for the **past 10 years**. **Résumé may not be substituted for this application.** Include any position-related military service assignments and volunteer activities. Organizations which indicate race, color, gender, national origin, handicap or other protected status may be excluded.

1. EMPLOYER (Present or Last) May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer _____	Job Title _____
Street _____ City _____ Zip _____	Dates Employed From/To (Mo/Yr) _____
Area Code Telephone _____ Name of Supervisor _____	Reason for Leaving: _____
Describe work performed: _____ _____ _____	_____ _____
2. EMPLOYER (Present or Last) May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer _____	Job Title _____
Street _____ City _____ Zip _____	Dates Employed From/To (Mo/Yr) _____
Area Code Telephone _____ Name of Supervisor _____	Reason for Leaving: _____
Describe work performed: _____ _____ _____	_____ _____

APPLICANT'S AGREEMENT CLAUSE AND SIGNATURE

I understand that my Student Application for Employment will not be seriously considered, if it is considered by California Baptist University to be significantly incomplete. The information provided in this application is true, correct, and complete to the best of my knowledge. I understand the position for which I am applying is a student worker position and does NOT have employee benefits. I agree to receive my earned wage either semi-monthly or by stipend at the option of the university. I understand and agree that I could receive my last and final paycheck by USPS mailed to my permanent address listed on the reverse side of this form or an updated address on record. I understand that if hired, I may not begin work without first submitting a completed Student Employee Checklist with accompanying documents to the Human Resources Office. I understand and agree that, if employed, either CBU or I will be free to terminate the employment relationship at any time, with or without cause and with or without notice.

Date / / Signature _____
 Mo. Day Year

EMPLOYER'S USE ONLY

Position Open? Yes No Application Complete? Yes No Interview? Yes No