



San José State
UNIVERSITY

EMPLOYMENT APPLICATION
STUDENT UNION, INC, AT SAN JOSE STATE UNIVERSITY

www.union.sjsu.edu
~~mail to: sujobs@union.sjsu.edu~~
One Washington Square San Jose, CA 95192-0155
Office (408) 924-6310 Fax (408) 924-6399

Student Union, Inc. does not discriminate on the basis of race, color, religion, origin, sex, sexual orientation, marital status, pregnancy, age, disability, disabled veteran, or Vietnam veteran status. Questions regarding this policy should be directed to Human Resources, (408) 924-6378.

Applying for _____ Date _____

Personal Information

Name (First, MI, Last) _____ SSN# _____

Other names under which you may have worked _____

Address (Street, Apt. Number, City, State, Zip) _____

Telephone () _____ Telephone () _____
Area Code Area Code

Email Address _____ Fax _____

General Information

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No If yes, give dates _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

CONVICTIONS: Have you ever been convicted of an offense other than minor traffic violation?
 Felony Misdemeanor None

If yes, explain completely. Do not report incident that occurred before your 21st birthday which was handled by a Juvenile Court.

Date _____ Location (City, State) of Conviction: _____

Conviction _____

Education and Training

Name of Schools Attended _____ Dates Attended _____ Major/Concentration (Degree(s)/Certificate(s) Received) _____

Licenses/Certifications

List Licenses/Certificates if applicable (Title, Date Issued, Date Expires)

Employment History

(Please show all employers within the last 10 years plus other related experience. Include military or volunteer experience.)

1) Title of Position _____
 Employer (Name, Telephone number, Address) _____ Date of Employment
 Beg: _____ End: _____
 Hourly Salary Starting \$ _____ Ending \$ _____
 Duties _____

2) Title of Position _____
 Employer (Name, Telephone number, Address) _____ Date of Employment
 Beg: _____ End: _____
 Hourly Salary Starting \$ _____ Ending \$ _____
 Duties _____

3) Title of Position _____
 Employer (Name, Telephone number, Address) _____ Date of Employment
 Beg: _____ End: _____
 Hourly Salary Starting \$ _____ Ending \$ _____
 Duties _____

References (List three persons, other than relatives or personal friends, who have knowledge of your work experiences.)

_____ Name	_____ Phone Number	_____ Relationship to Reference
_____ Name	_____ Phone Number	_____ Relationship to Reference
_____ Name	_____ Phone Number	_____ Relationship to Reference

I hereby certify that all statements on this application are true to the best of my knowledge and belief. If employed, I understand that any falsification of information may be considered cause for termination. I voluntarily consent to allow Student Union, Inc., or any of its employees or designees, to check my references by contacting any person who they deem to be an appropriate reference. The Student Union, Inc. may ask any questions considered relevant to the hiring decision.

Signature: _____ Date: _____

REFERRAL INFORMATION

How did you first learn about this position?

ADVERTISEMENT ____ What paper? _____ ANNOUNCEMENT ____ Location posted? _____
 WORD OF MOUTH ____ From whom? _____ INVITED TO APPLY ____ Name of Person _____
 OTHER: ____ specify _____

FOR PERSONNEL USE ONLYInterviewed Yes No Employed Yes No

Advanced Information Research
11403 Cronridge Drive, Suite 232
Owings Mills, Maryland 21117
Tel: (410) 654-5665 (808) 469-4473
Fax: (410) 654-9994 (800) 675-4473

Applicant Information

The following must be filled in completely for your application to be considered.
(PLEASE PRINT CLEARLY)

Full Name: _____ Social Security #: _____
 Last, First, Middle

Important - List other names you have used in the last seven years:

Maiden / A.K.A. Name: _____ Last date used: _____
 Last, First, Middle

A.K.A. Name: _____ Last date used: _____
 Last, First, Middle

A.K.A. Name: _____ Last date used: _____
 Last, First, Middle

Current Drivers License #: _____ State: _____ Birth Date: _____

Current Address: _____
 Street / P.O. Box City State Zip Code From – To (provide dates)

Important - List prior addresses for the last 7 years:

Previous Address: _____
 Street / P.O. Box City State Zip Code From – To (provide dates)

Previous Address: _____
 Street / P.O. Box City State Zip Code From – To (provide dates)

Previous Address: _____
 Street / P.O. Box City State Zip Code From – To (provide dates)

IMPORTANT: PLEASE COMPLETE RELEASE AUTHORIZATION - NEXT PAGE

RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various county, state, private and insurance sources along with other public records available.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE DRIVING HISTORY, EARNINGS HISTORY, CREDIT HISTORY, WORKER'S COMP. CLAIMS; CHARACTER AND EMPLOYMENT RECORDS AND ANY OTHER INFORMATION REQUESTED TO ADVANCED INFORMATION RESEARCH. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

This release includes all county, state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of information.

This information is being verified by **ADVANCED INFORMATION RESEARCH**. Any information or questions should be directed to the following address:

ADVANCED INFORMATION RESEARCH

11403 Cronridge Drive, Suite @232
Owings Mills, MD 21117
Telephone: (410) 654-5665
(800) 469-4473
Fax: (410) 654-9994
(800) 675-4473

Applicant Signature _____ Today's Date _____

**The following must be filled in completely for your application to be considered.
(PLEASE PRINT CLEARLY)**

Last Name, First Name, Middle Name

Current Address

City State Zip Code

Social Security Number

Driver's License Number State Where Driver's License is Issued