



ASSOCIATED STUDENTS, INC  
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Administrative Office  
5154 State University Drive, Room U-SU 203  
Los Angeles, CA 90032

"...For the Students, by the Students!"

## Student Assistant Application for Employment

The Associated Students, Inc. is an Affirmative Action/Equal Opportunity Employer; applicants will be considered without regard to their race, color, religion, marital status, national origin, sex, age, pregnancy, sexual orientation, disability, or other status protected by state or federal regulation within the limits imposed by law.

Please complete the entire application form, taking care to provide all information requested including salary history, employment dates, and a summary of duties performed for each job listed. A resume may be attached, but will be considered as supplemental only, and not as a replacement for information requested on the application. Failure to provide sufficient information, which shows evidence of meeting minimum qualifications, will result in disqualification or non-consideration.

**Please submit a cover letter and resume with your application to the ASI Administrative Office, U-SU 203.**

### General Information (Please Type or Print)

Date:	Position Applying For:
Name: Last, First, Middle	Telephone (Include Area Code) (     )
Address: Number, Street, Apartment/Space Number	Cell Phone (Include Area Code) (     )
City, State, Zip Code	May we contact you at work? Yes [   ] No [   ]

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes [   ] No [   ] (Convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, state nature of the crime(s), when and where convicted, and disposition of case. Note: a conviction is not an automatic bar to employment. Each case will be considered on its own merit.

Academic Status: [   ] Freshman    [   ] Sophomore    [   ] Junior    [   ] Senior    [   ] Graduate  
GPA \_\_\_\_\_\*    Major \_\_\_\_\_    Course units this semester \_\_\_\_\_

\*All applicants must have at least a 2.0 to be eligible for employment with the Associated Students, Inc.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accomodation? Yes [   ] No [   ] If no, describe the functions that cannot be performed:

# Employment

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**Resumes may be included but this employment portion of the application must be filled in completely.**

List your entire work record. Begin with your present job and list in reverse order. Include self-employment in excess of one month as a separate period. List each promotion as a separate job. Please account for all work history. Attach additional sheets as necessary. Include military or volunteer experience.

**MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes [ ] No [ ] Later [ ]**

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Dates of Employment From: _____ Mo. Yr.	Name of Employer or Company _____ Address, City, State, Zip Code _____	Telephone Number _____
To: _____ Mo. Yr.	Supervisor's Name and Job Title _____	Your Job Title _____
Hours per Week _____	Describe Your Duties: _____ _____	
	Reason for Leaving: _____	

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Dates of Employment From: _____ Mo. Yr.	Name of Employer or Company _____ Address, City, State, Zip Code _____	Telephone Number _____
To: _____ Mo. Yr.	Supervisor's Name and Job Title _____	Your Job Title _____
Hours per Week _____	Describe Your Duties: _____ _____	
	Reason for Leaving: _____	

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Dates of Employment From: _____ Mo. Yr.	Name of Employer or Company _____ Address, City, State, Zip Code _____	Telephone Number _____
To: _____ Mo. Yr.	Supervisor's Name and Job Title _____	Your Job Title _____
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Dates of Employment From: _____ Mo. Yr.	Name of Employer or Company _____ Address, City, State, Zip Code _____	Telephone Number _____
To: _____ Mo. Yr.	Supervisor's Name and Job Title _____	Your Job Title _____
Hours per Week _____	Describe Your Duties: _____ _____	
	Reason for Leaving: _____	

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**List all your computer and software experience:**

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**Additional Qualifications:**

Please identify any skill, knowledge or ability related to this position which would assist in the evaluation of your application.

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**WORK AVAILABLE SCHEDULE**

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**Semester (Select One):**

Fall

Spring

20

Please indicate with an "X" the times you are available to work:

<b>TIME</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
7:00 am	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
8:00 am	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
9:00 am	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
10:00 am	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
11:00 am	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
12:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
1:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
2:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
3:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
5:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
6:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
7:00 pm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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The Immigration Reform and Control Act of 1986, Public Law 99-603, requires that employers obtain documentation from every new employee which confirms identity and authorizes that individual to accept employment in this country. This requirement applies to both United States citizens and aliens.

Can you provide the necessary documentation at the start of employment?    **Yes** [ ]    **No** [ ]

This information may be used only for the purpose of employment in accordance with the Information Practices Act of 1977. I hereby certify that the information contained in this application form is true, complete and correct to the best of my knowledge and agree to have any of the statements checked by the Associated Students, Inc. unless I have indicated to the contrary. I authorize the individuals and/or organizations, entities or agencies described in this application to release to the Associated Students, Inc. any and all information concerning my previous employment (including, but not limited to, achievement, performance, attendance, etc.) and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Associated Students, Inc. as well as from the use of disclosure of such information by the Associated Students, Inc. or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, may be considered cause for termination.

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**Applicant's Signature**

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**Date**