

Associated Students, Incorporated

California State Polytechnic University, Pomona
 3801 West Temple Avenue, Building 35
 Pomona, California 91768



APPLICATION FOR EMPLOYMENT

Date of Application:	Position Applied For:
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Referral Source: Advertisement Walk-in Employment Other

Last Name	First	Middle
Street Address	City	State
Zip Code	Telephone Number ()	E-mail Address
Bronco ID Number		

Have you ever worked for Associated Students, Incorporated before? Yes No

Are you available to work Full-time Part-time Evenings Weekends Temporary

Are you able to perform the essential functions of the position for which you are applying, either, with or without reasonable accommodation? Yes No

If necessary, please describe what type(s) of reasonable accommodations are needed: _____

On what date would you be available for work? _____

EDUCATION	High School	College or University	Graduate or Professional
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Degree Received (circle)	Diploma GED	AA BA BS	Master Doctorate
Describe Course of Study or Indicate Major			
Describe Any Specialized Training, Apprenticeship or Skills. <i>(If necessary, attach additional pages)</i>			

EMPLOYMENT EXPERIENCE

Company	Address		Telephone Number
Employed (Month/Year)	From:	To:	Average Number of Hours Worked Per Week:
Position(s) Held: Supervisor's Name and Position			
Describe all of your significant duties:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:			
Company	Address		Telephone Number
Employed (Month/Year)	From:	To:	Average Number of Hours Worked Per Week:
Position(s) Held: Supervisor's Name and Position			
Describe all of your significant duties:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:			
Company	Address		Telephone Number
Employed (Month/Year)	From:	To:	Average Number of Hours Worked Per Week:
Position(s) Held: Supervisor's Name and Position			
Describe all of your significant duties:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:			

Please identify and explain all periods of unemployment during the past ten years.

Provide any additional information that you feel may be helpful to us in considering your application.

What interested you in ASI?

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Associated Students, Incorporated (ASI) unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom ASI contacts, to provide ASI any and all information concerning my previous employment and any other 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 ASI as well as from any use or disclosure of such information by ASI 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, my immediate dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of ASI. I also understand that all offers of employment are conditioned on ASI's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identify and legal authority to work in the United States. ASI reserves the right to request additional written application information on an as needed basis for specific positions.

I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of ASI. I understand that no employee or representative of ASI, other than its Executive Director has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Executive Director of ASI may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Executive Director and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement will respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding the issue.

ASI is a recognized auxiliary organization of California State Polytechnic University, Pomona. ASI employees are not state funded employees. ASI is an Equal Opportunity Employer.

Rev. 3/19 Signature of Applicant Date

**ASSOCIATED STUDENTS, INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
CONFIDENTIAL AFFIRMATIVE ACTION APPLICANT FORM**



As an Affirmative Action/Equal Opportunity Employer, the Associated Students, Incorporated is required to complete statistical reports to various state and federal agencies. **This information is voluntary and will be confidential.** It will be separated from all employment documents and will not be used to make a decision about your employment. Your cooperation in providing this information is appreciated.

Name _____ Date _____

Title of position for which you are applying: _____

How did you learn of this position (check one):

- Referred by an employee. Who was the employee? _____
- Advertisement: _____
- ASI Job Announcement
- Other source: _____

ASI does not discriminate on the basis of gender identity or expression. In order to track the effectiveness of our recruiting efforts and ensure we consider the needs of all our employees, please consider the following optional question:

Gender (check one):

- Female
- Male
- Prefer not to say
- Prefer to self-describe _____
- Non-binary/ third gender

Ethnicity: Check the box which best identifies you.

- White *Persons having origins in any of the original people of Europe, including Spain and Portugal, North Africa and the Middle East.*
- Black *Persons who have origins in any of the Black racial groups of Africa, but not of Hispanic origin.*
- Hispanic *Persons of primary culture or origin in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish derived culture or origin regardless of race.*
- Asian/Pacific Islander *Persons having origins on any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.*
- American Indian *Persons having origins in any of the original people of North America, including the Aleutian Islands and Alaska, and who maintain cultural identification through tribal affiliation or community recognition.*
- None of the above
- I choose not to provide this information

Please check all that apply:

- Over 40 years of age
- Disabled (non-service connected)*
- Veteran
- Vietnam Era Veteran (Served 180 days of active service, any part of which was during the period of August 5, 1964 through May 7, 1975.)
- Vietnam Era Disabled Veteran*

* An individual with a disability is a person who (1) has a physical or mental impairment that substantially limits a major life activity (functions such as caring for oneself, performing manual tasks, walking, sleeping, hearing, speaking, breathing, learning and working); (2) has a record of such an impairment; or (3) is regarded as having such an impairment.



**ASSOCIATED STUDENTS, INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
NOTICE TO APPLICANTS AND EMPLOYEES**

The Privacy Act of 1974

ASI does not discriminate on the basis of sex in its education programs or activities, or in employment and admission as required by Title IX of the Education Amendments of 1972, as amended, and Section 86.9 of the administrative regulations adopted by the Department of Education pursuant thereto. Neither does it discriminate on the basis of race, color, religion, national origin, ancestry, pregnancy, age, sexual preference, marital status, medical condition, veteran status or disability as required by other federal/state nondiscrimination statutes, relative administration regulation and executive orders.

Section 7(b) of Federal Public Law 93-579, popularly referred to as the Privacy Act of 1974, became effective January 1, 1975. This section requires that any Federal, State or local government agency which requests an individual to disclose their social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is elicited, and what uses will be made of it.

Federal statutes require that the ASI obtain each employee's social security number. Authority for this requirement is found in Section 6011 and 6051 of Subtitle F of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218 of Title II of the Social Security Act.

The employee's social security number is used as a means of identifying employee records so that they may retrieve and aggregate for processing personnel actions or reports which may include: salary surveys, promotion rates, statistical reports, affirmative action reports and academic planning databases. Additional uses of the social security number made by the State Controller's Office are:

- As an employee identification number to be used on all payroll records.
- Reported on Form W-2 Internal Revenue Service and to the California State Franchise Tax Board.
- Reported to Social Security Administration for covered employees.
- Reported to Public Employee's Retirement System (PERS) for payroll reports.
- Reported to Employment Development Department for possible unemployment credits.
- Reported to organization to which the employee has authorized payroll deductions (for example, credit unions or annuities).

Personal, identifiable records are not shared or distributed to private individuals or agencies unless such sharing or distribution is authorized by the employee or unless otherwise lawfully available.