



**SAN FRANCISCO  
STATE UNIVERSITY**

**Human Resources, Safety & Risk Management  
STAFF/ ADMINISTRATOR APPLICATION**

1600 Holloway Avenue, ADM 252, San Francisco, CA 94132-4252

\*\*\* (415) 338-1872 \*\*\* (415) 338-1873 \*\*\* (TDD) (415) 338-3040

<http://www.sfsu.edu/~hrwww>

This form must be submitted with an original signature for each position for which you apply. You may submit a resume and cover letter in addition to this form for each position of interest. **Print / Indicate the Job Vacancy Number on all application materials.** Applications/resumes received after the closing date will not be considered.

<b>DATE:</b>	<b>JOB TITLE:</b>	<b>JOB VACANCY NUMBER:</b>
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**Name** \_\_\_\_\_  
 Last First Middle Initial

**Address** \_\_\_\_\_  
 Number Street City State Zip

**Telephone: Residence No.** ( ) \_\_\_\_\_ **Business/Cell No.** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**GENERAL INFORMATION**

Are you currently employed by SFSU:  No  Yes Start Date: \_\_\_\_\_ **SFSU ID:** \_\_\_\_\_

Are you currently or formerly employed by another CSU campus, the UC or the State of California?

If "Yes", Institution: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Do you have relatives employed in San Francisco State University?  Yes  No

\_\_\_\_\_  
 Name Department Name Relationship

Are you over 18 years of age?  Yes  No If No, Applicants under 18 must furnish a work permit prior to employment.

If hired, you will be required to furnish proof that you are legally authorized to work in the United States.

Can you furnish such proof?  Yes  No

Have you ever been convicted of any crime as an adult (excluding traffic violations other than felonies)?  No  Yes

If yes, please explain in an attachment to this application: ( A criminal conviction will not necessarily disqualify an applicant from employment)

What is(are) your Day(s) and Time(s) available to work? \_\_\_\_\_

**KNOWLEDGE, SKILLS AND ABILITIES**

<b><u>MAINTENANCE/SKILLED TRADES</u></b>	<b><u>OFFICE/CLERICAL</u></b>	<b><u>TECHNICAL</u></b>	<b><u>ADMINISTRATIVE</u></b>
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No. _____ Years of Experience	No. _____ Years of Experience	No. _____ Years of Experience	No. _____ Years of Experience
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<input type="checkbox"/> Apprentice <input type="checkbox"/> Journey	_____ WPM	List specific skills or abilities: _____	List license & certificate(s): _____
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List tools and machines you are qualified to operate without further training. _____	Computer/Office Machine Skills: _____	_____	_____
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_____	_____	_____	_____
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If applicable to the position, do you have a current valid California Driver's License?  Yes  No

**Circle highest grade completed - (Grade) 1 2 3 4 5 6 7 8 9 10 11 12 (College) 13 14 15 16 17 18**

GED/High School: \_\_\_\_\_  
 Name Location Certificate/Degree

College, University \_\_\_\_\_  
 Technical School Name Location Major/Minor Certificate/Degree

College, University \_\_\_\_\_  
 Technical School Name Location Major/Minor Certificate/Degree

**EMPLOYMENT HISTORY:** You may attach a resume or other written narrative that provides the information requested below. Starting from the most recent position, please list all experience, that is relevant to the position for you are applying. You may include military and volunteer experience. You may also choose to attach additional copies of this section of the form.

❖ Name of Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor telephone #: \_\_\_\_\_  
Number Street City State Zip

Dates Employed: \_\_\_\_\_ Salary: \_\_\_\_\_  
Starting Ending Starting Ending

Full Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

❖ Name of Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor telephone #: \_\_\_\_\_  
Number Street City State Zip

Dates Employed: \_\_\_\_\_ Salary: \_\_\_\_\_  
Starting Ending Starting Ending

Full Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

❖ Name of Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor telephone #: \_\_\_\_\_  
Number Street City State Zip

Dates Employed: \_\_\_\_\_ Salary: \_\_\_\_\_  
Starting Ending Starting Ending

Full Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:** List references who can comment upon your EDUCATION AND/OR JOB RELATED experience.  
Do not list relatives and/or friends.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone 8 - 5 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone 8 - 5 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone 8 - 5 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**THIS APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING IS READ AND SIGNED**

I certify that all information provided at the time of application is true and correct. If EMPLOYED, I understand that any falsification of my application materials may be cause for immediate termination. I further understand that I must complete the pre-employment processing which may include: signing a Loyalty Oath, completing a Medical Examination/Fingerprinting/Background Check (as appropriate) and attending the New Employee Orientation.

The Immigration Reform and Control Act of 1986 requires you to provide proof of identity, documentation of your citizenship or resident status authorizing you to be legally employed. This federal regulation requires you to sign a certification that information and documentation provided are true and correct, in active status and you attest under penalty of perjury on Form I-9, Employment Verification Eligibility. I certify that if I am hired by San Francisco State University, I shall produce the required documentation on or before my hire date that attests to my identity and legal authorization to work. I understand that it will be my responsibility to ensure that the documentation I present at the time of the job offer will be kept in active status and that I shall apply to the appropriate authority for an extension, in the event my documentation expires while I am employed.

San Francisco State University's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by SFSU and on public property within, or immediately adjacent to an accessible from the campus. The report also includes institutional policies concerning campus security, alcohol/drug use, and crime prevention, reporting of crimes, sexual assault and other matters. You may obtain a copy of this report by contacting the Department of Public Safety or by accessing the following web sites: <http://www.sfsu.edu/~dps> ~or~ <http://www.sfsu.edu/~hrwww>.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_