APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the San Jose State University Foundation to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,
please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Tele. No. ( )
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Bus. No.+ Ext. ( )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		No. of years at previous address?

Can you, after employment, submit verification of your legal right to work in the United States?

☐ YES ☐ NO

Are you over 18? If hired, do you have a reliable means of transportation to get to work?

☐ YES ☐ NO ☐ YES ☐ NO

Have you ever been convicted of a felony?
(NOTE: *Do not include marijuana related convictions which occurred more than two years prior to the date of this application*.)

☐ YES ☐ NO If yes, please explain:

(*A conviction will not necessarily disqualify you*.)

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your present employer? ☐ YES ☐ NO

Please refer to the attached job description for the position for which you are applying. Can you, with or without a reasonable accommodation, perform the essential functions of the job? ☐ YES ☐ NO
If not, please describe how the Foundation could accommodate you:

Have you ever applied at the Foundation before?	Have you ever been employed by the Foundation before?
☐ YES ☐ NO If yes, when?	☐ YES ☐ NO If yes, when?

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How were you referred to the Foundation?

☐ Advertisement ☐ Employee Referral ☐ Walk-In ☐ Agency ☐ Other _____

Name of Referring Employee_____

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree	Major Subject/Total Hours (if applicable)
Elementary					
High School					
College/University					

Highest Degree Earned
(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate

Overall College Scholastic Average

Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information which is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.

☐ Typing _____ WPM	☐ Computer Skills, i.e. Word, Excel, etc. List: _____	☐ Other machines requiring special skills:

Have you ever served in the military? ☐ YES ☐ NO If yes, please state branch and unit and describe any special training or skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				HR USE ONLY
Company Name Phone No. ( )		Dates of Employment From (Mo/Yr)	To (Mo/Yr)	
Address (*Include Street, City, State, Zip Code*)				
Job Title - Start	Job Title - Final	Base Rate of Pay Start	Final	
Supervisor *(Name & Title*)				
Description of Job Duties				
Reason for Leaving				

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EMPLOYMENT DATA (*continued*)

Company Name Phone No. ( )		Date of Employment From (Mo/Yr)	To (Mo/Yr)
Address (*Include Street, City, Zip Code*)			
Job Title - Start	Job Title - Final	Base Rate of Pay Start	Final
Supervisor (*Name & Title*)			
Description of Job Duties			
Reason for Leaving			

Company Name Phone No. ( )		Date of Employment From (Mo/Yr)	To (Mo/Yr)
Address (*Include Street, City, State, Zip Code*)			
Job Title - Start	Job Title - Final	Base Rate of Pay Start	Final
Supervisor (*Name & Title*)			
Description of Job Duties			
Reason for Leaving			

Company Name Phone No. ( )		Dates of Employment From (Mo/Yr)	To (Mo/Yr)
Address (*Include Street, City, State, Zip Code*)			
Job Title - Start	Job Title - Final	Base Rate of Pay Start	Final
Supervisor (*Name & Title*)			
Description of Job Duties			
Reason for Leaving			

REFERENCE DATA

(PLEASE LIST PROFESSIONAL/WORK REFERENCES WE MAY CONTACT)

Name	Address	Telephone

PRE-EMPLOYMENT CERTIFICATION

San José State
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_____
Initial

I understand that this application is only valid for the position applied for at present and that the Foundation is not obligated to retain or consider this application for future openings.

_____
Initial

I understand that all statements contained in this application may be investigated. I further understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I agree to authorize the Foundation to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

_____
Initial

If employed by the Foundation I will abide by Foundation policies and rules. I understand that I will be required to possess a current and valid California driver's license if my position requires me to drive in the course of my work.

_____
Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Foundation's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

_____
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Foundation. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Foundation storage areas provided for me (locker, desk, etc.) are open to investigation by the Foundation without prior notice to me.

_____
Initial

If I am employed by the Foundation I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Foundation or myself. I understand that, other than the Chief Operating Officer of the Foundation, no manager, supervisor or representative of the Foundation has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President or the COO of the Foundation has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Foundation**.**

_____
Initial

Persons applying for positions with the San Jose State University Foundation are not applying for employment with the State of California or the California State University system. Foundation employees who work on projects or programs funded by grants, contracts, gifts, or fees are considered temporary employees under the meaning of Section 89900(c) of the California State Education Code.

_____
Initial

I agree that if any portion of or provision in this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, such a finding shall not render this Agreement invalid, void or unenforceable as a whole. Rather, the remaining portions/provisions of the Agreement will continue in full force without being impaired or invalidated in any way.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the provisions set forth above. This application contains all the understandings and agreements between me and the Foundation concerning the nature of my employment, if any, by the Foundation and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Foundation. I understand and agree that, except as noted above, no person who is either an agent or employee of the Foundation may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

_____ _____

Applicant Signature *Date of Application*