

Name: _____

Date: _____

Please mark the position for which you are applying:
(Only mark ONE job position per application)

Activity Class Instructor
Aquatics
Building Steward / Events
Camp Counselor
Culinary Assistant
Custodial
Fitness Class Instructor
Front Counter
Intramural Office / Official

Maintenance
Outdoor Excursions Office / Trip Leader
Photographer
Personal Trainer
Rec Squad / Marketing
Ropes Staff
Weight Room Staff
Videographer / Editor
Other: _____

A separate application is required for each position. Type or print in black or blue ink.

Please Note: To fill out this form, press the Duplicate button when prompted and save to your desktop.

Position	
Title	Department

General Information		
Last Name	First Name	Middle

Address		
City	State	Zip Code

Home Phone:	Cell Phone:
Email:	

Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Upon hire, will you be able to provide proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you furnish proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by UC Riverside? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the date(s) employed.	Department	Position Title
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Are you a UC retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on assignment or employed through a temporary agency with UCR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by another UC location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the date(s) and location. From to Location
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Do you have any relatives employed by UC Riverside? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the relatives name.	Relationship	Department
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Education

Name of School	City and State	Degree or Diploma Earned	Type of Degree or Diploma Earned	Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

List membership in professional societies and/or certificates and licenses. Give state, number, and expiration date. (You may exclude names of organizations, which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)

Additional information including special projects, skills, published writings, training, machines operated special interests and community activities. (You may exclude names of organizations, which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)

Describe senior projects, M.A., M.S., or Ph.D. thesis, if appropriate.

Employment Record

List your present or most recent employer first and include U.S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude the name(s) of organizations if you feel they may reveal your race, color, religion, national origin, or ancestry.) Should you need additional space, please add the information on a separate sheet of paper. In addition to completing this application, you may also include a copy of your resume.

Position Title	Start Date	End Date
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Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer?	
Duties Performed			
Position Title		Start Date	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer?	
Duties Performed			
Position Title		Start Date	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed			
Position Title		Start Date	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed			
Position Title		Start Date	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed			
Position Title		Start Date	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The University of California is Tobacco-Free. Smoking, the use of smokeless tobacco products, e-cigarettes, and unregulated nicotine products will be strictly prohibited.

Misconduct Disclosure Statement

Misconduct Disclosure Requirement: As a condition of employment, the final candidate who accepts a conditional offer of employment will be required to disclose if they have been subject to any final administrative or judicial decisions within the last seven years determining that they committed any misconduct; received notice of any allegations or are currently the subject of any administrative or disciplinary proceedings involving misconduct; have left a position after receiving notice of allegations or while under investigation in an administrative or disciplinary proceeding involving misconduct; or have filed an appeal of a finding of misconduct with a previous employer.

- “Misconduct” means any violation of the policies or laws governing conduct at the applicant’s previous place of employment, including, but not limited to, violations of policies or laws prohibiting sexual harassment, sexual assault, or other forms of harassment, discrimination, dishonesty, or unethical conduct, as defined by the employer.

For reference, below are UC’s policies addressing some forms of misconduct:

- [UC Policy - Sexual Violence and Sexual Harassment](#)
- [UC Policy – Anti Discrimination](#)
- [UC Policy – Abusive Conduct](#)

This position may be subject to a background check. Any convictions will be evaluated to determine if they directly relate to the responsibilities and requirements of the position. Having a conviction history will not automatically disqualify an applicant from being considered for employment.

Authorization

- I have read the above disclosures. By checking this box and by signing this application, I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any misrepresentation, falsification, or omission of facts may be grounds for disqualification or separation. Furthermore, I authorize the University of California to verify the information on this form and any other materials that I have submitted as part of the application process and to contact my references if I become a final candidate for the position(s).

Applicant’s Signature

Date

Supplemental Questions

Please Note: To fill out this form, press the Duplicate button when prompted and save to your desktop.

Student Id or Net ID			
ID			
Position			
Title		Department	
General Information			
Last Name		First Name	Middle
Are you enrolled in school right now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your expected graduation date?	Are you eligible for Work/Study? <input type="checkbox"/> Yes <input type="checkbox"/> No
In general, students placed in a casual-restricted appointment should be established at less than 50% time (less than 20 hours per week).			
Are you able to work up to 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, please explain any time constraints in your schedule that would prevent you from working 20 hours a week.		
<p>UCR strives to accommodate applicants with disabilities. In the event that your disability prevents you from completing this application, please contact the Disability Management Office at (951) 827-4785 for assistance.</p> <p>The University of California is an Equal Opportunity/Affirmative Action employer with a strong institutional commitment to the achievement of excellence and diversity among its faculty and staff. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, protected veteran status, or any other characteristic protected by law.</p> <p>For more information about your EEO rights as an applicant, please review the EEO is the Law Poster at https://www.eeoc.gov/employers/upload/poster_screen_reader_optimized.pdf and the Non-discrimination Provision at http://jobs.ucr.edu/docs/nondiscrimination_posting.pdf.</p> <p>The State of California Information Practices Act of 1977 (effective, July 1978) requires the University to provide the following information to individuals asked to supply information about themselves.</p> <ol style="list-style-type: none"> I. The principal purpose for requesting self-identify information is for affirmative action administration. University policy, state and federal statutes, which are available in the Human Resources Equal Employment & Affirmative Action Office, authorize the maintenance of this information. Information furnished on these forms may be used by various university departments for the purposes cited in those policies and statutes and will be given to state and federal agencies if required by law. II. Furnishing the information on the employment application form is mandatory; failure to provide the information will prevent evaluation of your qualifications for employment. Furnishing the information on the applicant survey and self-identification forms is voluntary; there is no penalty for not completing the form. III. Individuals have the right to review their own records in accordance with Staff Personnel Policy 80 and Academic Personnel Manual Section 160. Information on these policies may be obtained from the campus Human Resources and Academic Personnel Offices. <p>Jeanne Clery Disclosure of Campus Security Policy & Campus Crime Statistics</p> <p>Notification with regard to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998 as provided by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, prospective employees are entitled to request and receive a copy of the Annual Security Report of any campus of the University at which they are considering employment. The UC Riverside Campus Security and Crime Report is available at the following website: - https://compliance.ucr.edu/clery-act-compliance. The report contains a summary of crimes</p>			

reported on the campus and in other designated areas during the past three calendar years. It also contains references to University and campus policies concerned with criminal activity and security on campus. Printed copies of the Report are available upon request from the University of California, Riverside, Police Department; 3500 Canyon Crest Drive, Riverside, CA 92521 or by telephone at (951) 827-5222.

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