

### STUDENT EMPLOYMENT APPLICATION

Name	Date		
Please mark the position for which you are applying: (Only mark ONE job position per application)			
Aquatics	Operations Assistant		
Building Steward / Events	Outdoor Excursions Office / Trip Leader		
Camp Counselor	Photographer		
Child Care	Personal Trainer		
Culinary Assistant	Rec Squad		
Custodial	Recreation Class Instructor		
Fitness Class Instructor	Ropes		
Front Counter	Social Media		
Graphic Designer	Weight Room Staff / Technician		
Intramural Office / Official	Videographer / Video Editor		
Maintenance	Other:		





## **Supplemental Questions**

Student Id or Net ID					
ID					
Position					
Title		Department			
General Information					
Last Name	First Nam	ie	Middle		
Are you enrolled in school right	If yes, are you a full-time	What is your expected	Are you eligible for Work/Study?		
now?	student?	graduation date?			
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		
	casual-restricted appointment should				
Are you able to work up to 20 hours per week?	If you answered no, please explair working 20 hours a week.	any time constraints in your sched	ule that would prevent you from		
nours per week.	Working 20 Hours a week.				
☐ Yes ☐ No	<u> </u>				
	applicants with disabilities. In the				
application, please contact the	e Disability Management Office	at (951) 827-4785 for assistance	ce.		
The University of California is	an Equal Opportunity/Affirmati	ve Action employer with a stro	ng institutional commitment to		
	e and diversity among its facult				
	to race, color, religion, sex, sex				
	ny other characteristic protected		, J, J,		
	t your EEO rights as an a				
	ers/upload/poster_screen_read	<u>er_optimized.pdf</u> and the <u>No</u>	n-discrimination Provision at		
http://jobs.ucr.edu/docs/nondis	scrimination_posting.pdf.				
The State of California Inform	mation Practices Act of 1977 (	(offective July 1078) requires	the University to provide the		
	duals asked to supply information		the University to provide the		
Tollowing information to individ	dais asked to supply illioimatic	in about themselves.			
I. The principal purpose	e for requesting self-identify in	formation is for affirmative ac	tion administration. University		
	ral statutes, which are availabl				
	ze the maintenance of this infor				
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 Manuel Section 160. Information on these policies may be obtained from the campus Human Resources					
and Academic Personnel Offices.					
Jeanne Clery Disclosure of Campus Security Policy & Campus Crime Statistics					
Notification with regard to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998					

as provided by the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998,



# Student Employment Supplemental Application

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: Security Report - http://police.ucr.edu/clery/clery.html. The report contains a summary of crimes 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.

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

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.

	applicant from being consi	idered for employment.
Aut	thorization	
	that all statements on this application are true and employed, I understand that any misrepresentation, disqualification or separation. Furthermore, I authorize	ox and by signing this supplemental application, I certify complete to the best of my knowledge and belief. I falsification, or omission of facts may be grounds foing the University of California to verify the information mitted as part of the application process and to contact sition(s).
	Applicant's Signature	Date



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

Position							
Title					Depart	ment	
<b>General Information</b>							
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	Upon hire,	will you be	able to provid	le proof of	If you are u	ınder 18 years of age, can
U.S.?		eligibility to	work in the	U.S.?	•	you furnish	n proof of eligibility to work?
☐ Yes ☐	No		☐ Yes	☐ No			☐ Yes ☐ No
Have you ever been	If yes, provide	he date(s)	Departm	ent		Po	osition Title
employed by UC Riverside?  ☐ Yes ☐ No	employed.						
Are you a UC retiree? Are y	ou currently on a			Have you ever		, ,	provide the date(s) and
throu	igh a temporary a	igency with U	ICR?	by another UC	location?	location From	on. to
☐ Yes ☐ No	☐ Yes	☐ No		☐ Yes	☐ No	Locati	
Do you have any relatives	If yes, pr	ovide the rela	tives name.	Relationship		Departm	ent
employed by UC Riverside?							
☐ Yes ☐ No							
Education					<del>                                     </del>		T
Name of School	City and State		Earned	or Diploma	Type of De Diploma E		Major
			Yes No				
			☐ Yes ☐ No				
				_			
			☐ Yes	i □ No			
			☐ Yes	. □ 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,							

completing this application, you may also include a copy of your resume.



# **Employment Application**

Position Title	Start Dat	te	End Date	
Employer	loyer 1		Type of Business	
Street Address, City, State, Zip Code				
Immediate Supervisor	Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employe	er?	
Duties Performed				
Position Title	Start Dat	te	End Date	
Employer		Type of Business	<u> </u>	
Street Address, City, State, Zip Code				
Immediate Supervisor		Phone Number		
Reason for Leaving		May we contact this employe	May we contact this employer?	
Duties Performed				
Position Title	Start Dat	te End Date		
Employer		Type of Business		
Street Address, City, State, Zip Code				
Immediate Supervisor		Phone Number		
Reason for Leaving		May we contact this employer?		
-		☐ Yes ☐ No		
Duties Performed				
Position Title	Start Dat	End Date		
Employer	Employer T		Type of Business	
Street Address, City, State, Zip Code				
Immediate Supervisor		Phone Number		
Reason for Leaving		May we contact this employer?  ☐ Yes ☐ No		
Duties Performed				



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Street Address, City, State, Zip Code	<b>.</b>			
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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?  ☐ Yes ☐ No		
Duties Performed				
Additional Comments (if any)				
Disclosuro				

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.

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.

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.

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.

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.
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#### **Authorization**

statements on this application are true and complet understand that any misrepresentation, falsification, or separation. Furthermore, I authorize the Universit	is box and by signing this application, I certify that all e to the best of my knowledge and belief. If employed, I or omission of facts may be grounds for disqualification y of California to verify the information on this form and the application process and to contact my references if I
Applicant's Signature	Date