



1 Harpst Street, Arcata, California 95521 • 707.826.4878

Employment Application

POSITION APPLIED FOR _____

DATE _____

Personal Information

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (____) _____ - _____ E-MAIL _____

EMERGENCY CONTACT: NAME _____ HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____

- HSU Students: Have you been awarded Work Study Funds? Yes No
- Are you eligible for employment in the United States? Yes No
- Have you ever been convicted of a crime? Yes No

IF YES, PLEASE DESCRIBE: _____

Conviction is not an automatic bar to employment. Each case will be considered on its own merits. Failure to report or omission of any convictions will result in immediate rejection of application or termination.

- Have you worked for any of the departments listed below? Yes No If yes, please mark which one(s):

- HSU Bookstore
- Ticket Office
- CenterArts
- Center Activities
- Humboldt Bay Aquatic Center
- Student Rec Center
- Information Counter
- The Depot
- The "J"
- Hilltop Marketplace
- Giant's Cupboard
- South Campus Marketplace
- Window's Cafe
- Library Cafe
- Other campus departments _____

Education

SCHOOL NAME	LOCATION	UNITS OR GRADE LEVEL COMPLETED	DEGREE / CERTIFICATE RECEIVED	MAJOR / AREA STUDIED

Skills, Licenses & Training

Please list any specialized skills you possess relating to the area you are applying. Examples include: cash register use, food prep, customer service, computers, etc.

Employment History

List your last two (2) employers, assignments or volunteer activities, starting with the most recent, including military experience. If you would like to include additional employment history, please attach it on a separate page.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	CITY STATE ZIP
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

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REASON FOR LEAVING			

• May we contact your present employer? Yes No

References (work-related preferred)

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

• It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

• I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

• The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

SIGNATURE OF APPLICANT: _____

DATE: _____