



## Employment Application

Name of Applicant	Position Desired	Date of Application

Last                      First                      M.I.

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Present Address _____				
	Street	City	State	Zip
Permanent Address _____				
	Street	City	State	Zip
Telephone	Home (    ) _____	Work (    ) _____		
	Cell (    ) _____	Email: _____		
Social Security No. _____				
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you presently own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you insured for passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Which days and times can you be reached most conveniently? _____				
Language(s) spoken other than English _____				

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T  
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N

Name and Address of School	Major(s)	Degree or Units Completed	Graduate	Dates Attended
High School				
College				
College				
Graduate School				
Business or Trade School				
Correspondence or Night School				
Other				

List any credential(s) you may have \_\_\_\_\_

Other specialties, interests, and hobbies \_\_\_\_\_

## Employment History

1. Company Name	Telephone Number
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title & Describe Your Work	Reason for Leaving

2. Company Name	Telephone Number
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title & Describe Your Work	Reason for Leaving

3. Company Name	Telephone Number
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title & Describe Your Work	Reason for Leaving

4. Company Name	Telephone Number
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title & Describe Your Work	Reason for Leaving

5. Company Name	Telephone Number
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title & Describe Your Work	Reason for Leaving

What experience, paid or volunteer, have you had working with low-income, minority, or bi-cultural students?

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At present, is there any reason that might cause you to refuse this position if offered?

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What date will you be available for work? \_\_\_\_\_

Describe any additional strengths that may significantly reflect your qualifications for this position.

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### References

Please list at least three individuals who have known you in a professional (employment) capacity. If you have no previous employment experience, names of former or current teachers, professors, or civic community leaders will suffice.

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby declare that all information given by me in this application is true and complete to the best of my knowledge. I authorize California Lutheran University to verify such information and to contact any references given by me should I be considered for employment. I further agree to abide by all University and Upward Bound Program regulations, policies, and procedures.

All offers of employment are contingent upon the prospective employee providing required documents certifying eligibility to work.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*California Lutheran University is an Equal Opportunity Employer*

Upward Bound Program  
60 West Olsen Rd. #3800, Thousand Oaks, CA 91360-2787  
(805) 493-3350