

APPLICANT NOTE

This application form is intended for use in the evaluation of your qualifications for employment. **This is not an employment contract.** Please answer all appropriate questions completely and accurately. If more space is needed to complete any questions, use the "Comments" section located on page 2. If you have any questions regarding the information sought, you should direct your question to Human Resources. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination on the basis of race, color, age, religion, national origin, sex, marital status, sexual orientation, physical or mental disabilities, or any other basis protected by state or federal law. Additional testing of job-related skills may be required prior to employment.

AVAILABILITY AND JOB INFORMATION

For which position are you applying? _____

What date can you start? _____ Available to work: Full-time Part-time Temporary

YES NO Have you ever been employed by the Cal Alumni Association?

If yes, specify dates From: _____ To: _____ Job _____ Supervisor _____

YES NO Have you been given a job description or had the essential functions of the job explained to you?

YES NO Do you understand the essential functions?

YES NO Can you perform the essential functions of this job with or without reasonable accommodations?

If necessary, please describe the reasonable accommodation(s) requested:

YES NO Since your 18th birthday, or in the last 10 years, whichever is shorter, have you been convicted of a felony? If so, please describe the nature of the crime(s), date, location and legal status in the boxes below. (A conviction will not automatically disqualify you from employment. In accordance with Association policy and applicable state and federal laws, the nature, date and circumstances of the offense(s), and the nature of the job sought and rehabilitation effort, will be considered.)

INCIDENT/DATE CITY/STATE CHARGE/ LEGAL STATUS

INCIDENT/DATE	CITY/STATE	CHARGE/ LEGAL STATUS
1.		
2.		

COMMENTS (Use additional paper as needed)

PROFESSIONAL REFERENCES Include only individuals familiar with your work ability.

Name	Phone Number	Email	Relationship/Company	Years Known

EDUCATION AND SKILLS

If your records are under a different name than listed on page 1, please enter that name: _____

Name of School	City/State/Zip	Graduate Yes/No	Graduation Date	Dates Attended: Month / Year	Degree(s), Major(s), Minor(s)	Phone Number
			Month: Year:	From: To:		
			Month: Year:	From: To:		
			Month: Year:	From: To:		
			Month: Year:	From: To:		

Please list the computers, operating systems, software, and office machines with which you are familiar and/or have gained proficiency:

Please list any other equipment, machinery, or special skills and abilities that you consider relevant to this job or the Cal Alumni Association. Include your skill level and/or years of experience.

Languages: (Mandatory only if required for position for which you are applying.)

Language	Speak? Yes/No	Read? Yes/No	Write? Yes/No

List all current special license(s), certification(s), permit(s) and level or credited hours.

Type	Level	Expiration Date

EMPLOYMENT HISTORY

Complete thoroughly even if you are attaching a resume. Account for all your time regardless of how spent. Attach additional paper as needed.

CURRENT OR MOST RECENT EMPLOYER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently working for this employer?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact?
COMPANY NAME _____		Phone: _____	Fax: _____
CITY _____	STATE _____	Website: _____	
DATES EMPLOYED: FROM: _____	TO: _____	JOB TITLE _____	
SUPERVISOR: NAME, TITLE, DEPARTMENT/DIVISON _____			
JOB DUTIES (brief statement; list all duties related to this position) _____			

0 YES 0 NO Supervisory responsibility/experience? If yes, please describe _____			
Starting Pay _____	PER _____	Ending Pay _____	PER _____
(HOUR, WEEK, MONTH)		(HOUR, WEEK, MONTH)	
REASON(S) FOR LEAVING OR CONSIDERING A CHANGE _____			

SECOND CURRENT OR MOST RECENT EMPLOYER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently working for this employer?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact?
COMPANY NAME _____		Phone: _____	Fax: _____
CITY _____	STATE _____	Website: _____	
DATES EMPLOYED: FROM: _____	TO: _____	JOB TITLE _____	
SUPERVISOR: NAME, TITLE, DEPARTMENT/DIVISON _____			
JOB DUTIES (brief statement; list all duties related to this position) _____			

0 YES 0 NO Supervisory responsibility/experience? If yes, please describe _____			
Starting Pay _____	PER _____	Ending Pay _____	PER _____
(HOUR, WEEK, MONTH)		(HOUR, WEEK, MONTH)	
REASON(S) FOR LEAVING OR CONSIDERING A CHANGE _____			

THIRD CURRENT OR MOST RECENT EMPLOYER

YES NO Are you currently working for this employer?
 YES NO If yes, may we contact?

COMPANY NAME _____ Phone: _____ Fax: _____

CITY _____ STATE _____ Website: _____

DATES EMPLOYED: FROM: _____ TO: _____ JOB TITLE _____

SUPERVISOR: NAME, TITLE, DEPARTMENT/DIVISON _____

JOB DUTIES (brief statement; list all duties related to this position) _____

0 YES 0 NO Supervisory responsibility/experience? If yes, please describe _____

Starting Pay _____ PER _____ Ending Pay _____ PER _____
 (HOUR, WEEK, MONTH) (HOUR, WEEK, MONTH)

REASON(S) FOR LEAVING OR CONSIDERING A CHANGE _____

Other Employment Not Listed Above

Employer	Location	Your Job Title	Supervisor	Dates of Employment

Provide dates and explanations of any gaps in your employment history:

Describe any volunteer work, other experience, interests, training or honors received in conjunction with your service to any organizations which you consider relevant to your ability to perform the job sought.

0 YES 0 NO Have you ever failed to be re-employed, ever been involuntarily discharged, fired or asked to resign from a position? If yes, provide date(s), position(s), employer(s) and explain circumstances.



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CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers and statements given by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts, whether on this document or not, may result in the rejection of my application, or if hired, termination of employment.

- 1) I authorize any representative of Cal Alumni Association to thoroughly investigate my background, including, but not limited to, references, educational record, work history, criminal history, credit history, and driving records. This information includes, but is not limited to, achievements, performance, attendance, disciplinary history, salary records and personal history.
- 2) I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request by a representative of the Cal Alumni Association, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to the Cal Alumni Association of all transcripts, reports, letters and other education or work records, without prior notice to me.
- 3) I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind that may at any time result to me because of compliance with this authorization and request to release information.

I also understand that the use of illegal drugs is prohibited during employment. In consideration of my employment, I agree to conform to the rules and standards of the Cal Alumni Association.

I further agree that if hired my employment and compensation can be terminated **at-will**, with or without cause, and with or without notice, at any time, either at my option or at the option of the Cal Alumni Association. I understand that no employee or representative of the Association other than its Executive Director has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Executive Director of the Association may not alter the **at-will** nature of the employment relationship or enter into any employment agreement for a specified time unless the Executive Director and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the **at-will** nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the Cal Alumni Association's receipt of satisfactory responses to the background checks and the provision of satisfactory proof of my identity and legal authority to work in the United States.

SIGNATURE	DATE
PRINTED NAME	