



Cal Alumni Association Phone: (510) 900-8225
#1 Alumni House, Berkeley, CA 94720-7520

Mission Statement: Our mission is to advance and promote the interests of the University of California, Berkeley by connecting alumni with each other and our alma mater. Together with our campus partners, we play an integral role in informing, engaging, and inspiring alumni to support the university by: participating and volunteering in university programs and events, acting as ambassadors and advocates on behalf of the university, and giving to the university.

APPLICATION FOR AT-WILL EMPLOYMENT

Name: _____ Date: _____
 FIRST MIDDLE LAST

Phone Number: _____ Email: _____

Current Address: _____
 STREET CITY

_____ Dates living at this address: from _____ to _____
STATE ZIP CODE

Availability and Job Information

For which position are you applying? _____

Have you ever been employed by the Cal Alumni Association? Yes No

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 accommodation(s) requested:

Can you submit verification of your identity and legal right to work in the United States? Yes No

Have you used any names or Social Security Numbers other than given above Yes No

If yes, please provide. _____

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 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.

EDUCATION AND SKILLS

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

Please fill out for the school you are currently attending (if applicable) and your highest degree completed.

Name of School _____	School Website _____
Phone Number _____	City/State/Zip _____
Graduate Yes No	
Dates Attended From: _____ To: _____	Date Graduated _____
Degree(s), Major(s), Minor(s), certificates _____	

Name of School _____	School Website _____
Phone Number _____	City/State/Zip _____
Graduate Yes No	
Dates Attended From: _____ To: _____	Date Graduated _____
Degree(s), Major(s), Minor(s), certificates _____	

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

Language	Speak	Read	Write
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

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

Name _____ **Expiration Date** _____

Description _____

Name _____ **Expiration Date** _____

Description _____

Name _____ **Expiration Date** _____

Description _____

EMPLOYMENT HISTORY

Complete thoroughly even if you submitted a resume. Account for all your time regardless of how spent. ****If you were employed through a temp agency please list the agency contact information not your placement information.****

CURRENT OR MOST RECENT EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently working for this employer?
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	May we contact?
			Phone: _____
_____ COMPANY NAME			
_____ CITY	_____ STATE	Website: _____	
DATES EMPLOYED: FROM: _____ TO: _____		_____ ENDING JOB TITLE	
_____ SUPERVISOR: NAME		_____ SUPERVISOR: TITLE	
0 YES 0 NO Supervisory responsibility/experience? If yes, please describe _____			
REASON(S) FOR LEAVING OR CONSIDERING A CHANGE			

SECOND CURRENT OR MOST RECENT EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently working for this employer?
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, may we contact?
			Phone: _____
_____ COMPANY NAME			
_____ CITY	_____ STATE	Website: _____	
DATES EMPLOYED: FROM: _____ TO: _____		_____ ENDING JOB TITLE	
_____ SUPERVISOR: NAME		_____ SUPERVISOR: TITLE	
YES 0 NO Supervisory responsibility/experience? If yes, please describe			
REASON(S) FOR LEAVING OR CONSIDERING A CHANGE			

THIRD CURRENT OR MOST RECENT EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently working for this employer?
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, may we contact?
			Phone: _____
_____ COMPANY NAME			
_____ CITY	_____ STATE	Website: _____	
DATES EMPLOYED: FROM: _____ TO: _____		_____ ENDING JOB TITLE	
_____ SUPERVISOR: NAME, TITLE, DEPARTMENT/DIVISION			
JOB DUTIES (brief statement; list all duties related to this position)			
0 YES 0 NO Supervisory responsibility/experience? If yes, please describe _____			
REASON(S) FOR LEAVING OR CONSIDERING A CHANGE			

Other Employment or Relevant Volunteer Work Not Listed Above

Employer	Location	Your Job Title	Supervisor	Dates of Employment

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

YES 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.

Professional References

Describe your relationship, including only individuals familiar with your work ability.

Name of Reference _____ Years Known _____
 Phone Number: Work _____ Personal _____
 Email _____ Relationship _____

Name of Reference _____ Years Known _____
 Phone Number: Work _____ Personal _____
 Email _____ Relationship _____

Name of Reference _____ Years Known _____
 Phone Number: Work _____ Personal _____
 Email _____ Relationship _____



Cal Alumni Association
#1 Alumni House, Berkeley, CA 94720-7520
Phone (510) 900-8225

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.

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	