

Apply for (Check all that apply)

SPRING

SUMMER

FALL

STUDENT ASSISTANT EMPLOYMENT APPLICATION

California State University, Fullerton

University Learning Center

Fullerton, California 92834

(657)-278-4349

Date of Application:

Mr.

Ms.

Mrs.

Last name

First name

Middle Name

Present Address:

Same as Present Address

Permanent Address:

Street

Street

City/State

Zip Code

City/State

Zip Code

Home phone:

Cell phone:

Email:

Education Level:

Undergraduate

Graduate

Post-baccalaureate

Major:

| Name of the Institution | Location | Date Of Attendance | | Degree, Diploma or Number of Units Earned | Date received and major subject |
|-------------------------|----------|--------------------|----|---|---------------------------------|
| | | From | To | | |
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Note: Indicate specialization within the major (i.e Latin American History, Elementary Education, and Abnormal Psychology). If candidate for a degree, indicate major subject, date degree expected, and awarding institute.

Work Experience:

| Name of the institution or other agency | Academic rank or position title | Location City & State | Full Time? Part time?(If so, how many hours) | Date (Month and Year) | |
|---|---------------------------------|-----------------------|--|-----------------------|----|
| | | | | From | To |
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Are you now or do you plan to work elsewhere on campus?

Yes No

If "Yes" If yes, for how many hours per week?

Who is or will be your supervisor?

What is your level of skill/knowledge of the following programs?

| Program | None | Beginner | Intermediate | Advanced |
|---------------|------|----------|--------------|----------|
| MS Excel 2007 | | | | |
| MS Word 2007 | | | | |

Professional achievements (including publications, memberships in professional and honor organizations), research, and creative activities – indicating sponsoring agencies, if any. Note; Use supplemental sheet, if necessary.

Teaching experience and other Employment (List most recent experience first)

| Name of Institution Or Other Agency | Academic Rank or Position Title | Location City and State | Full Time? Part time? (if so, how many hours) | Date (Month and Year) | |
|-------------------------------------|---------------------------------|-------------------------|---|-----------------------|----|
| | | | | From | To |
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Please list 2 references, in addition to the individual who has written a letter of recommendation, that are familiar with your professional and/or academic record that we may contact:

| First additional reference | | Second additional reference | | Third additional reference | |
|----------------------------|----------|-----------------------------|----------|----------------------------|----------|
| Name | | Name | | Name | |
| Position | | Position | | Position | |
| Street | | Street | | Street | |
| City/State | Zip Code | City/State | Zip Code | City/State | Zip Code |

The above statements are true to the best of my knowledge and belief.

Signature _____ Date _____