



: Submit to hiring department designee. Hiring department – this is for your internal use only.
Do not turn in to UP.

Position Applying for:		
Department:		
Last Name:	First Name:	
Student ID:	Email address:	
Phone:	Cell Phone: (to receive text messages)	
Mailing Address:		
City:	State:	ZIP/Postal Code:
Year in school: FR SO JR SR GRAD	Major:	Expected Graduation Date
1. Are you 18 years of age or older? If "NO", a work permit is required at the time of employment. YES NO		
2. Do you have relatives who work for SJSU? YES NO (If YES, please provide information below)		
Name:		Relationship:
Department:		
3. Have you ever been employed at SJSU? YES NO If "YES", check status and provide		
Dates of Employment	Student Assistant-Department	
4. Are you currently eligible for the Federal Work-Study Program (if applicable)? YES NO		

Typing Speed (WPM):	Application/Software Used	Skill Level
Word Processing		
Spreadsheet		
Database		

Monday	Tuesday	Wednesday	Thursday	Friday
Date available to start work:			Hours available per week:	

List all employment within the last three years.
Military or volunteer experience may be used.

:

Job Title and Department:			Avg. Hours per Week:		
Employer's Address:					
Last Salary/Payment Basis	Dates of Employment (Mo/Yr)		Immediate Supervisory/Telephone No.		
	From	To	May we contact?	Yes	No
Reason for Leaving:					

Job Duties:

:

Job Title and Department:			Avg. Hours per Week:		
Employer's Address:					
Last Salary/Payment Basis	Dates of Employment (Mo/Yr)		Immediate Supervisory/Telephone No.		
	From	To	May we contact?	Yes	No
Reason for Leaving:					

Job Duties:

:		
Job Title and Department:	Avg. Hours per Week:	
Employer's Address:		
Last Salary/Payment Basis	Dates of Employment (Mo/Yr)	Immediate Supervisory/Telephone No.
	From To	May we contact? Yes No
Reason for Leaving:		
Job Duties:		

: List at least three persons not related to you who can attest to your professional abilities.		
1. Name	Occupation:	Phone:
2. Name	Occupation:	Phone:
3. Name	Occupation:	Phone:

I hereby certify that all statements made on this application and all other documents I may have submitted in support of my application are true and complete to the best of my knowledge. I understand that my