



**Date of Application**

Month	Day	Year

## ACADEMIC RESOURCE CENTER

### Student On-Campus Employment Application

**Position**

Position Applying For:

Tutor <input type="checkbox"/>	SI Leader <input type="checkbox"/>	Academic Intervention Peer Mentor <input type="checkbox"/>	MAE Placement Exam Proctor <input type="checkbox"/>
Early Assist Peer Educator <input type="checkbox"/>	IAW Lab Leader <input type="checkbox"/>	Front Desk Student Assistant <input type="checkbox"/>	Unit Assistant – SI/Tutoring/Academic Intervention <input type="checkbox"/>

Day(s) of week willing/available to work:

**YOUR INFORMATION**

FULL NAME: First, Middle, Last

ADDRESS: Street, City, State, Zip

PHONE/CELL NUMBER:

UCR E-Mail:

Alternate # and/or E-Mail:

Have you ever been employed by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No	Most Recent Date(s) Employed:	Campus	Department	Position
Do you have any relatives employed by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Campus	Department	Relationship
Do you have the legal right to work in the U.S.? <small>If hired you will be asked to furnish proof of eligibility (I-9)</small>		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**UCR EDUCATION AND COURSES - Please attach unofficial transcripts**  
 (Grades for each term at UCR - located in R'Web under Grades & Test scores)

**Applicants who do not attach transcripts will not be considered.**

Current Student Status:	Units Completed to Date:	Current Units Enrolled:	Quarter/Year of Graduation:
Major:	Minor:	Last Quarter G.P.A.:	Cumulative G.P.A.:
Language: If the position you are applying for requires proficiency in language(s), please complete.		Language(s)	Please check all that apply
			<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**First Name, Last Name**

**Employment Application**  
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**Employment Record –**

**List your present or most recent employer first. Include any major volunteer experience. Describe senior project, if appropriate.**

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours per week	
Street Address, City, State, Zip				
Immediate Supervisor			Phone Number	
Reason for Leaving			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours per week	
Street Address, City, State, Zip				
Immediate Supervisor			Phone Number	
Reason for Leaving			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed				

**Additional Information**

**List any other additional information relevant to your application including special projects, skills, published writings, training, machines operated, special interests and community activities.**


**Authorization**

I certify that all statements on this application are true and complete to the best of my knowledge and belief and, if employed, I understand that any misrepresentation, falsification, or omission of facts may be grounds for disqualification or separation. Furthermore, I authorize the University of California to verify the information on this form and any other materials that I have submitted as part of the application process and to contact my references if I become a final candidate for the position(s).

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date