

A separate application is required for each position. Type or print in black or blue ink.

Position												
Title								Depart	ment			
General Informati	on											
Last Name				First Nan	ne						Middle	
Address				l							l	
City				1	Stata						7in C	'ada
City					State Zip Code						ode	
Home Phone		Cell I	Phone		Email							
Do you have the legal rius.?	ght to	work i	n the							ears of age, can eligibility to work?		
☐ Yes		No			☐ Ye	s	☐ No				Yes	☐ No
Have you ever been employed by UC Riverside? employed.			he date(s)	Department Position				tion Titl	le			
Are you a UC retiree?									on? location.			he date(s) and
☐ Yes ☐ No			☐ Yes	☐ No			☐ Yes	□ No		From Location	to	
Do you have any relative employed by UC Riversi			If yes, pro	ovide the rela	e relatives name. Relationship				D	epartmen	t	
□ Yes □	No											
Education												
Name of School		City a	nd State		Earne	Earned Dip			ype of Degree or Niploma Earned		Major	
						'es	_					
						'es						
					Y	'es	□ No					
						'es	_					
List membership in professional societies and/or certificates and licenses. Give state, number, and expiration date. (You may exclude names of organizations, which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)												
Additional information including special projects, skills, published writings, training, machines operated special interests and community activities. (You may exclude names of organizations, which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)												
Describe senior projects, M.A., M.S., or Ph.D. thesis, if appropriate.												
Employment Record												
List your present or most recent employer first and include U.S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude the name(s) of organizations if you feel they may reveal your race, color, religion, national origin, or ancestry.) Should you need additional space, please add the information on a separate sheet of paper. In addition to												

completing this application, you may also include a copy of your resume.



Position Title	Start Date		End Date					
Employer		Type of Business						
Street Address, City, State, Zip Code								
Immediate Supervisor		Phone Number						
Reason for Leaving		May we contact this employer?						
Duties Performed								
Position Title	Start Dat	te	End Date					
Employer		Type of Business	<u> </u>					
Street Address, City, State, Zip Code								
Immediate Supervisor		Phone Number						
Reason for Leaving		May we contact this employe	May we contact this employer?					
Duties Performed	Duties Performed							
Position Title	Start Dat	te	End Date					
Employer		Type of Business						
Street Address, City, State, Zip Code	1							
Immediate Supervisor		Phone Number						
Reason for Leaving		May we contact this employer? ☐ Yes ☐ No						
Duties Performed								
Position Title	Start Dat	te	End Date					
Employer		Type of Business						
Street Address, City, State, Zip Code	1							
Immediate Supervisor		Phone Number						
Reason for Leaving		May we contact this employer? ☐ Yes ☐ No						
Duties Performed		1						



B W TW	Start Date		= 15.4
Position Title S		e	End Date
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Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
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Reason for Leaving		May we contact this employe	r2
Reason for Leaving		Yes No	11:
Duties Devisement		100 140	
Duties Performed			
Position Title	Start Date	e	End Date
Employer		Type of Business	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
ininediate oupervisor		Thomas Namber	
Reason for Leaving		May we contact this employe	r?
Neason for Leaving		Yes No	1 :
Duties Deuferment			
Duties Performed			
Additional Comments (if and			
Additional Comments (if any)			
Disclosure			

UCR strives to accommodate applicants with disabilities. In the event that your disability prevents you from completing this application, please contact the Disability Management Office at (951) 827-4785 for assistance.

The University of California is an Equal Opportunity/Affirmative Action employer with a strong institutional commitment to the achievement of excellence and diversity among its faculty and staff. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, protected veteran status, or any other characteristic protected by law.

For more information about your EEO rights as an applicant, please review the <u>EEO is the Law Poster</u> at https://www.eeoc.gov/employers/upload/poster screen reader optimized.pdf and the <u>Non-discrimination Provision</u> at https://jobs.ucr.edu/docs/nondiscrimination_posting.pdf.

The State of California Information Practices Act of 1977 (effective, July 1978) requires the University to provide the following information to individuals asked to supply information about themselves.

I. The principal purpose for requesting self-identify information is for affirmative action administration. University policy, state and federal statutes, which are available in the Human Resources Equal Employment & Affirmative Action Office, authorize the maintenance of this information. Information furnished on these forms may be used by



- various university departments for the purposes cited in those policies and statutes and will be given to state and federal agencies if required by law.
- II. Furnishing the information on the employment application form is mandatory; failure to provide the information will prevent evaluation of your qualifications for employment. Furnishing the information on the applicant survey and self-identification forms is voluntary; there is no penalty for not completing the form.
- III. Individuals have the right to review their own records in accordance with Staff Personnel Policy 80 and Academic Personnel Manuel Section 160. Information on these policies may be obtained from the campus Human Resources and Academic Personnel Offices.

Jeanne Clery Disclosure of Campus Security Policy & Campus Crime Statistics

Notification with regard to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998 as provided by the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, prospective employees are entitled to request and receive a copy of the Annual Security Report of any campus of the University at which they are considering employment. The UC Riverside Campus Security and Crime Report is available at the following website: Security Report - http://police.ucr.edu/clery/clery.html. The report contains a summary of crimes reported on the campus and in other designated areas during the past three calendar years. It also contains references to University and campus policies concerned with criminal activity and security on campus. Printed copies of the Report are available upon request from the University of California, Riverside, Police Department; 3500 Canyon Crest Drive, Riverside, CA 92521 or by telephone at (951) 827-5222.

The University of California is Tobacco-Free. Smoking, the use of smokeless tobacco products, e-cigarettes, and unregulated nicotine products will be strictly prohibited.

This position may be subject to a background check. Any convictions will be evaluated to determine if they directly relate to the responsibilities and requirements of the position. Having a conviction history will not automatically disqualify an applicant from being considered for employment.

Authorization I have read the above disclosures. By checking this box and by signing this application, I certify that all statements on this application are true and complete to the best of my knowledge and belief. 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



Supplemental Questions

Student Id or Net ID							
ID							
Position							
Title			Department				
General Information							
Last Name		First Nam	ie		Middle		
			<u> </u>				
Are you enrolled in school right	If yes, are you a full-time	а	What is your expected	Are you eligible for Work/Study?			
now? ☐ Yes ☐ No	student?		graduation date?	│			
In general, students placed in a c	asual-restricted appointn	nent should	l d be established at less than 50% tim	e (less than 2	0 hours per	r week).	
Are you able to work up to 20	If you answered no, ple	ase explain	any time constraints in your schedu	ule that would	prevent yo	u from	
hours per week? ☐ Yes ☐ No	working 20 hours a wee	}K.					
UCR E	DUCATION AND CO	URSES -	- Please attach unofficial tran	scripts			
(Grades for each term at UCR – located in R'Web under Grades & Test scores)							
•							
Appl	icants who do not	attach tr	anscripts will not be cons	idered			
•		attach tr				ation:	
Appl	icants who do not	attach tr	current Units Enrolled:	idered Quarter/Yea	ar of Gradua	ation:	
Appl	icants who do not	attach tr	anscripts will not be cons	idered	ar of Gradua	ation:	
Appl Current Student Status:	icants who do not a Units Completed to Date	attach tr	current Units Enrolled:	idered Quarter/Yea	ar of Gradua	ation:	
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