



Please Print

Date: _____

Legal Name: _____
Last First Middle

Permanent Address: _____
Where W-2 Form Sent Street or Box Number City State Zip Telephone Number

School Address: _____
Street or Box Number City State Zip Telephone Number

U.C. Student Status: Graduate Undergraduate Not Registered

College Attending: _____ Year in College: _____ Anticipated Graduation Date : _____ Major: _____
Revelle, Muir, etc. Quarter /Year

U.S. Citizen: Yes No Upon hire, will you be able to provide proof of eligibility to work in the U.S.? Yes No

If you hold a non-immigrant visa, indicate type and expiration date: _____

The position you are applying for requires frequent bending and stooping, standing for extended periods, and the ability to lift and carry 25 to 50 pounds of weight. Are you able to perform these functions with or without accommodation? _____

The following two questions are for timekeeper/payroll purpose only and in no way affect the hiring process. You are responsible for keeping track of your allowable Work Study earnings and for not exceeding the limits. Please provide a copy of your Work Study award letter to our timekeeper a.s.a.p.

Have you applied for or do you have Work Study? Applied Have If yes, how much? _____

Do you have relatives employed by the University? Yes No If yes, please give name, department, and relationship: _____

Other employment or major volunteer experience? Yes No If yes, please complete the information below:

Employment Dates To From	Company/Address	Position	Supervisor/Phone	Reason for leaving

Have you ever been/or are you employed by the University of California? Yes No If yes, please complete the information below:

Employment Dates To From	Campus	Department	Position	Supervisor/Phone	Reason for leaving

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that my falsification of this record or failure to fully disclose the information requested may be considered cause for termination.

Applicant's Signature _____

Date _____

Please return the completed application to the office manager, student manager or unit manager. If you are unable to fill out this form completely, bring in the required information as soon as it is available. We cannot complete your employment forms without it. Thank you for your cooperation. Please read the Privacy Notification on the reverse side of this form.

For Office Use Only

Date of Hire: _____ Job Req. #: _____ Birthdate: _____ SS#: _____ Female Male

Privacy Notification

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment or earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding of taxes, benefits, administrations, and changes in title and pay status.

University policy and state and federal statutes authorize all maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records as it pertains to themselves.

The official responsible for maintaining the information contained on this form is the designated campus Food Service Coordinator.