



Today's Date:		Position Applying For:	
---------------	--	------------------------	--

APPLICANT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt/Unit #
City, State	Zip Code	Country
Home Phone	Mobile Phone	
E-mail Address		
If hired, can you provide proof of your legal right to work in the U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

Please include the past seven (7) years of employment history, including periods of unemployment, starting with the most recent.

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name	Company Phone #	
Supervisor Name	Supervisor Phone #	
Period of Employment	Start Date	End Date
Job Title		
Responsibilities		
Reason for Leaving		

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name	Company Phone #	
Supervisor Name	Supervisor Phone #	
Period of Employment	Start Date	End Date
Job Title		
Responsibilities		
Reason for Leaving		

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Company Phone #
Supervisor Name	Supervisor Phone #
Period of Employment	Start Date End Date
Job Title	
Responsibilities	
Reason for Leaving	

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Company Phone #
Supervisor Name	Supervisor Phone #
Period of Employment	Start Date End Date
Job Title	
Responsibilities	
Reason for Leaving	

EDUCATION			
Name and Location of School	Number of Years Attended	Major	Degree Received
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES				
Please list three professional references whom you have known at least three (3) years.				
Name	Phone	Email	Company	Years Acquainted

REFERRAL SOURCE	
How did you hear about us?	<input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other, please indicate.
Do you have friends or family working for CUSM?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?

DISCLAIMER AND SIGNATURE

Please read the following carefully before signing.

California University of Science and Medicine (CUSM) is an equal opportunity employer. CUSM does not discriminate in employment based on race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, unfavorable discharge from military service, or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CUSM to hire me. If I am hired, I understand that either CUSM or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of CUSM has the authority to make any assurance to the contrary.

I attest with my signature below that I have provided CUSM true and complete information on this application. No requested information has been concealed. I authorize CUSM to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Today's Date _____

Signature _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.

New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision. If you have any questions regarding this form, please contact Human Resources.

(please print)

Name: _____ Position: _____

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

– OR –

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

I decline to self-identify.

Signature

Date

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

To meet governmental reporting requirements, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information periodically. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name (please print)

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.