University Corporation, San Francisco State P.O. Box 320160 San Francisco, CA 94132-0160 (415)338-2246 / fax (415)841-5044

EMPLOYMENT-AT-WILL

It has been and continues to be the policy of the Corporation that all employees are employed at will. Employees may resign from the Corporation. Employees may be terminated by the Corporation at any time, with or without cause or advance notice. Employees are employed at the will of the Corporation and are subject to termination, demotion or other such changes in employment terms or conditions at any time, with or without cause or reason, and with or without advance notice.

JEANNE CLERY ACT

San Francisco State University's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off campus buildings or property owned or controlled by SFSU and on public property within, or immediately adjacent to and accessible from the campus. This report also includes institutional policies concerning campus security, such as policies concerned alcohol and drug use, crime prevention, the reporting of crimes, sexual assault and other matters. You can obtain a copy of this report contacting the Department of Public Safety at (415)338-7200 or by accessing the following website, http://www/sfsu.edu/~dps.

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Employment Application

PART I – PERSONAL INFORMATION								
Last Name			First			Date		
Street Address						Apartment/Unit #		
City			State			ZIP		
Phone			E-mail Address					
Date Available	Available to work overtime?			SFSU U.I.N.				
Position Applied for								
Are you a citizen of the United States?	YES 🗌 N	IO 🗌	If no, are you authorized	l to wo	ork in the U.S	5.? YES 🗌	NO 🗌	
Have you ever worked for this company?	YES 🗌 N	IO 🗌	If so, when?					
Have you ever been convicted of a felony?	YES 🗌 N	ю 🗆	If yes, explain					

PART II – EDUCATION					
High School			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree
College			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree
Other			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree

PART III – REFERENCES				
Please list three professional references.				
Full Name	Relationship			
Company	Phone ()			
Address				
Full Name	Relationship			
Company	Phone ()			
Address				
Full Name	Relationship			
Company	Phone ()			

PART IV – FRIENDS / RELATIVES CURRENTLY WORKING FOR UCORP (ADD'L SHEETS IF NECESSARY) FULL NAME / RELATIONSHIP:

PART V -PREVIOUS EMPLOYMENT (RESUME OR CV MAY BE ATTACHED IN LIEU OF COMPLETING SECTION)							
Company				Phone ()			
Address				Supervisor			
Job Title Starting Salary			\$	Ending Salary \$			
Responsibilities							
From	То	Reason for Leaving	Reason for Leaving				
May we contact your previous supervisor for a reference? YES				NO 🗌			
Company				Phone ()			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary \$		
Responsibilities							
From	То	Reason for Leaving					
May we contact your previous supervisor for a reference? YES NO							
Company				Phone ()			
Address				Supervisor			
Job Title Starting			Starting Salary	\$	Ending Salary \$		
Responsibilities							
From	То	Reason for Leaving	J				
May we contact your previous supervisor for a reference? YES NO							

PART VI -MILITARY SERVICE Branch From To Rank at Discharge Type of Discharge If other than honorable, explain

DISCLAIMER AND SIGNATURE					
I hereby certify that the information furnished in this application for employment is true. I understand that if I am employed, falsified statements on this application shall be considered cause for immediate dismissal. Furthermore, I hereby authorize you to contact previous employers, and the personal & educational references provided.					
Signature	Date				
LICORP is an FOF / AA Employer					

UCORP is an EOE / AA Employer Employment considered At-Will

UCORP Employment is not SFSU or State of California Employment