



UNIVERSITY OF LA VERNE

OFFICE OF STUDENT EMPLOYMENT

APPLICATION FOR EMPLOYMENT

Applicants are treated without regard to race, religion, gender, national origin, age, marital status, veteran status, or disability.

Name: _____ Date of Birth: _____

Social Security Number: _____ La Verne Student ID #: _____

La Verne email address: _____ Telephone Number: () _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Applying for:

- Federal Work Study
 Student Employment
 International Student Employment

Years worked at La Verne:

- New
 1 Year
 2 Years
 3 Years
 4 Years or more

Previous Work Experience

From (Month/Year)	To (Month/Year)	Employer	Type of Work/Duties

Describe any experience, training, or skills that qualify you for this position. (Be specific)

This section is voluntary and your refusal to provide this information will not disqualify your application. This information is used for statistical purposes only.

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Ethnicity

<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White

I understand that nothing contained in this employment application creates a contract between the University and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the University. If an employee relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the University or myself. I further understand that I am required to abide by the rules and regulations of the University at all times. Finally, I understand that as a condition of employment I will be required to produce original documents establishing my identity and authorizing me to work in the United States of American, and to complete the U.S Immigration and Naturalization Service form I-9 before I begin employment at the University.

Signature: _____ **Date:** _____