



## Staff Employment Application

### Please read and follow these directions:

1. Type or print in black ink.
2. Answer all questions completely and accurately.
3. Submit original application, plus one additional copy per position for which you are applying, to Human Resources.

**Mailing Address:**  
University of the Pacific, Human Resources

### General Information

Name (Last, First, Middle) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birth date, *If Under 18* \_\_\_\_\_

Have you ever worked for University of the Pacific?

No

Yes

If yes, complete a. and b.

a. Indicate dates of employment: \_\_\_\_\_ to \_\_\_\_\_

b. Department: \_\_\_\_\_ Position: \_\_\_\_\_

List any relatives employed at Pacific: \_\_\_\_\_

Can you, upon offer of employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes\* No

\*If yes, state the nature of the crime(s), date and location where convicted and disposition of the case.

Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

**Note:** If you answered "yes", please note that Pacific will not necessarily reject your application. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the positions(s) applied for may be considered.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No\*\*

\*\*If no, describe the functions that cannot be performed:

**Note:** Pacific complies with the ADA and upon request, considers reasonable accommodation measures that may be necessary for applicants and otherwise qualified employees to perform essential functions, unless there is undue hardship to the University.

### Position Information

Title(s) of positions(s) and job number(s) for which you are applying: \_\_\_\_\_

Type of employment desired: Full-time Part-time Temporary

Will you work hours other than 8 to 5? Yes No Date Available: \_\_\_\_\_

Will you work weekends? Yes No

If a valid driver's license is required for the position, please complete the following:

California Driver's License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Source of Referral (Check one):    Self    Newspaper    Pacific Website    Other (Please Specify): \_\_\_\_\_

*Continued on the next page*

**Employment Record (FOR PAST TEN YEARS)**

<b>Present or most recent Employer</b>	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, ZIP Code	Last Supervisor's Name		Telephone
If currently employed, may we contact your supervisor or employer?		Yes	No
Responsibilities: _____			
Reason for Leaving: _____			

<b>Employer</b>	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, ZIP Code	Last Supervisor's Name		Telephone
Responsibilities: _____			
Reason for Leaving: _____			

<b>Employer</b>	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, ZIP Code	Last Supervisor's Name		Telephone
Responsibilities: _____			
Reason for Leaving: _____			

<b>Employer</b>	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, ZIP Code	Last Supervisor's Name		Telephone
Responsibilities: _____			
Reason for Leaving: _____			

**Explain any breaks in employment of three months or more on an additional sheet and attach it to this form.**



## References

List three professional references (work and/or education related):

Name:	Relationship:	Mailing Address:	Email Address:	Telephone (Day):

## TO THE APPLICANT:

Application must be completed in full and without errors or omissions. Please read the following statement carefully before you sign and submit this form.

I hereby consent to duly authorized representatives of the University of the Pacific contacting any of my former employers, any of the educational institutions that I have attended, and any other persons or organizations whom it determines might have information relevant to my application for employment. I further consent to those persons or organizations providing information to the University of the Pacific.

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the University of the Pacific.

I understand and agree that all information furnished in this application may be verified by the University of the Pacific. I also understand that any employment is subject to a check of references and satisfactory completion of a pre-employment physical examination. I hereby authorize all individuals and organizations and any law enforcement organization to give the University of the Pacific all information and hereby release such individuals, organizations, and the University of the Pacific from any liability for any claim or damage which may result.

Please note: All applicants who receive a conditional offer of employment are required to execute a release and authorization for a background screening, pre-employment physical and a drug screening.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

Check here if attaching a resume.

The University does not discriminate on the basis of race, gender, gender identity, sexual orientation, national origin, ancestry, color, religion, religious creed, age (except for minors or for bona fide occupational qualification), marital status, cancer-related or genetic-related medical condition, disability, citizenship status, military service status, and any other status protected by law.

Employment at University of the Pacific is employment at-will. Employment may be terminated at the will of either the employer or the employee.

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# University of the Pacific

## Personal Data Form

The University of the Pacific is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, creed, color, religion, marital status, ancestry, national origin, gender, sexual orientation, physical or mental disability, veteran status or age. The following information is for statistical purposes only and will not affect your opportunity for employment with the University. Providing this data is voluntary and your application will receive the same consideration if you do not provide this data as if you do. It will be kept confidential. Please return this page along with your application materials.

**Name:** \_\_\_\_\_ **Job Number:** \_\_\_\_\_

### Please check ALL appropriate boxes

**Female**

**Male**

**Black or African American (not Hispanic or Latino):** persons having origins in any of the black racial groups.

**American Indian or Alaskan Native:** persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.

**Asian:** persons having origins in any of the original peoples of the far East, Southeast Asia or the Indian sub-continent (e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand and Vietnam).

**Hispanic or Latino:** persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese culture or origin.

**Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** persons having origin in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.

**White:** persons having origin in any of the original peoples of Europe, North Africa or the Middle East.

**Two or More Races:** persons who identify with more than one of the above six races.

September, 2008