

Information Support Student Assistant Check-Off Form

Please attach this form to the top of your application.

Name: _____

_____ Attach a copy of your resume

_____ Complete Student Assistant Application

_____ Attach a copy of your unofficial SF State transcripts (found on mySFSU on the SFSU webpage)

_____ Turn in application and all required information to the Housing Business Office in Mary Ward Hall

Applicant's Agreement

The information provided on this application is accurate to the best of my knowledge. I also authorize the release of my transcripts, academic schedule and grades by the appropriate University Office to verify any of the above SF State information. If employed, I will promptly inform the employer of any changes in this information, I am aware that Information Support Student Assistant is part-time and at-will; the employer or employee may terminate employment at any time. I agree to complete the pre- employment processing which also includes signing the Oath of Allegiance to California and fingerprinting by UPD

Signature _____ Date _____

(Please print or type)

Please provide the following information. This data is being collected for statistical purposes in order to comply with the U.S. Department of Education Office for Civil Rights guidelines. Your completion of this section is voluntary. Your response is optional and will remain confidential and will not affect your employment opportunities at the University.

Ethnic Origin: African American/ Black Native American Asian
 Filipino Latino White
 Other/ Decline to State

Gender Female Male Other/ Decline to State

Personal Information

Last Name: _____ First Name: _____

SF State ID # _____ Email Address: _____

Primary Phone Number: _____

Academic Address:

Building: _____ Room/ Apt#: _____

Permanent Address: _____

Street/Apt#: _____ City: _____

State: _____ Zip: _____

Emergency Contact Information

(Person you would like us to contact in event of an emergency)

Last Name: _____ First Name: _____ MI: _____

Street/ Apt#: _____ City: _____ State: _____ Zip: _____

Enrollment Information

Are you enrolled at least half-time at SF State? Yes No
(If not, you are not eligible to apply)

Freshman Sophomore Junior Senior Grad Current Semester Units: _____

Major: _____ Career Goal: _____

Current Semester GPA: _____ Overall GPA: _____

Have you ever worked for SF State within the last year? Yes No

Have you ever been convicted of a felony? Yes No

Are you currently employed? Yes No

If yes, and you are planning to continue with your current employer while working for University Property Management, please complete the following:

Employer Name: _____ Department: _____

Street: _____ City: _____ State: _____ Zip: _____

Hours per week you will continue to work: _____

Extracurricular Activities: (Use additional sheets if necessary)

The position you are applying for is year-round, including academic breaks. Is there any reason you may not be able to fulfill this obligation (e.g. graduation, study abroad, other jobs/ internship, extracurricular, etc.?)

List involvement (volunteer or paid), including dates, with campus and or community organizations, and list offices held and respective responsibilities.

Qualification and Experience

Please list your computer experience:

None PC Macintosh Word Processing Data Entry Ten-Key Other _____

Describe any software you have used: _____

What languages, other than English, do you speak? _____

Please list any additional skills you have which you feel might you qualify you for the position:

Previous Work Experience (Please list most recent/ current first)

1. Position _____ Employer: _____

Address _____

Telephone: _____ Dates Worked: _____ Salary: _____

Supervisor: _____ Reason for Leaving _____

Duties/ Responsibilities: _____

2. Position: _____ Employer: _____

Address: _____

Telephone: _____ Dates Worked: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Duties/ Responsibilities: _____

3. Position: _____ Employer: _____

Address: _____

Telephone: _____ Dates Worked: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Duties/ Responsibilities: _____

Professional Job References

Name: _____ Relation: _____

Address: _____ Telephone: _____

Name: _____ Relation: _____

Address: _____ Telephone: _____

Work Availability

Total hours per week you are available to work for Information Support Area: _____

Please make a check mark in each time slot that you are **available** to work

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
9am-10am					
10am-11am					
11am-12pm					
12pm-1pm					
1pm-2pm					
2pm-3pm					
3pm-4pm					
4pm-5pm					