



SAN JOSÉ STATE
UNIVERSITY

Dr. Malu Roldan
Lucas College of Business
San Jose State University

Dear Dr. Malu Roldan,

I am interested and available for a part-time instructional student assistant position in the Lucas College of Business at San Jose State University. Thank you for your consideration.

Name

Signature

Date

Lucas College of Business

Employment Application

Applicant Information

Full Name: _____ SJSU ID #: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ SJSU Email: _____

I understand that if I am employed by the LCoB I will need to communicate using the email address that was assigned to me by SJSU? YES NO

Graduation Date: _____ Major/Concentration: _____ Minor: _____

Position Applied for: _____ Course to provide tutoring for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you been awarded work study? YES NO If yes, amount: _____

Have you ever worked for SJSU before? YES NO If yes, when: _____

Availability

Number of hours per week: _____ Please list below the hours for each day that you are available per week: Preferred hours to be marked with an asterisk (*)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Previous Tutoring Experiences: _____
(if applicable)

References (Faculty – please provide three)

Please list three professional references.

	Name	Office Phone	Department
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

CSU EMPLOYMENT QUESTIONNAIRE

CSU policy prohibits individuals from holding teaching assignments in the California State University (CSU) system that total more than the equivalent of one full-time position, unless the "overage" is funded from NON-General Fund sources or is the result of the accrual of part-time employment on more than one (1) campus. CSU employees with non-teaching assignments are, under certain circumstances, allowed additional employment up to 25 percent of a full-time appointment. These policies are strictly enforced by the State Controller's Office through which all payroll warrants are processed. In addition, for individuals who are neither a citizen or lawful permanent resident of the United States, your signature on this document certifies that you hold unrestricted work authorization with San Jose State University, as authorized by U.S. Department of Homeland Security regulations, for the 10-month period covering the academic calendar (or 5-month period covering a single semester calendar). Failure to satisfy this requirement may result in the termination of your faculty assignment. To avoid possible violations of these policies, and delays in receipt of payroll warrants, academically related employees are requested to provide the following information:

CSU SYSTEM EMPLOYMENT

Apart from San José State University, which other CSU campuses are you employed with this Academic Year?
List ALL that apply.

<u>CAMPUS</u>	<u>ASSIGNMENT</u>
<input type="checkbox"/> San Francisco State University	<u>Timebase/Fraction</u> (3 units = .20 FTE)
<input type="checkbox"/> CSU, East Bay (Hayward)	_____
<input type="checkbox"/> CSU, Monterey Bay	<u>Teaching/Non-Teaching Position</u>
<input type="checkbox"/> Other CSU Campus _____	_____

SAN JOSÉ STATE UNIVERSITY EMPLOYMENT

List ALL San José State University department/s which you work for or plan to work for during this Academic Year:

<u>Department</u>	<u>Timebase/Fraction</u> (3 units = .20 FTE)	<u>Teaching/Non-Teaching Position</u>
1: _____	1: _____	1: _____
2: _____	2: _____	2: _____
3: _____	3: _____	3: _____

Do you LIVE outside of the State of California? If yes, please provide State _____

During the contract period, are there any restrictions on your ability and/or availability to perform the essential functions of your job at SJSU with or without reasonable accommodations? YES NO

RETIREMENT SYSTEM

Are you a retired State of California employee (PERS or STRS)? YES NO Retirement Date: _____

By signing this form I agree that all the information provided above is true to the best of my knowledge.

Print Name _____

Signature _____ Date _____

Academic Year: 13/14 14/15 15/16 16/17 17/18 18/19
 Semester: Fall Winter Spring Summer



STATEMENT OF PROFESSIONAL PREPARATION AND EXPERIENCE

San José State
UNIVERSITY

JOB APPLYING FOR (JOID) # if applicable: _____

PERSONAL INFORMATION

NAME: LAST, FIRST MIDDLE INITIAL		TITLE: Dr., Mr., Mrs., Ms.
PREVIOUS NAMES: LAST, FIRST MIDDLE INITIAL		
ADDRESS: NUMBER, STREET, APARTMENT, CITY, STATE, ZIP CODE		
MAILING ADDRESS (if different from above)		
TELEPHONE NUMBERS:		
HOME ()	WORK ()	MESSAGE ()
BIRTH DATE (optional):	SOCIAL SECURITY NUMBER (optional) :	
E-MAIL:		

GENERAL INFORMATION

HAVE YOU EVER TAUGHT AT SJSU? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF LAST APPOINTMENT:
If hired, you will be required to furnish proof that you are legally authorized to work in the United States. Can you furnish such proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE BE ADVISED THAT SJSU DOES NOT SPONSOR H-1B VISAS FOR LECTURERS.	
ARE YOU WORKING FOR ANOTHER PUBLIC AGENCY AND CONTRIBUTING TO A RETIREMENT PLAN e.g. PERS, STRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of retirement system: _____	

EDUCATIONAL HISTORY (including high school, college or university and other schools in special subjects):

DEGREE AWARDED (please circle below)	INSTITUTION NAME & ADDRESS STREET, CITY, STATE, ZIP CODE	Dates Attended From - To	Degree Conferred Mo. /Yr.	Major
PhD, EdD, DMA, DSW, JD, Other _____				
MA, MS, MFA, MBA, MLS, Other _____				
BA, BS, Other _____				
AA, AS, Other _____				
High School				

RELEVANT EMPLOYMENT HISTORY

(Start with most recent position first. Please do not attach a resume in lieu of completing section.)

Employer, Address & Phone Number	Dates From To	Supervisor Name (may we contact your previous supervisor) <input type="checkbox"/> Yes <input type="checkbox"/> No	Title (for academic positions, indicate rank & whether tenure track, tenured or temporary)	Duties & Reason for Leaving
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes No

Have you within the past five years been convicted of a misdemeanor that resulted in incarceration? Yes No

Have you been arrested for any criminal offense for which you are out on bail, or on your own recognizance, pending trial? Yes No

Please list all convictions for a felony, or misdemeanor within the last five years. A conviction will not necessarily disqualify you as an applicant for employment. Each case is considered on its individual merits.

Date of Conviction	Felony or Misdemeanor	Location of Conviction (City & State)	Describe Nature of Offense

I certify that the answers I have given and the materials I have submitted with the application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

Signed: _____ Date: _____



**CSU FORM SSA-1945
 STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT
 COVERED BY SOCIAL SECURITY**

EMPLOYEE AND CAMPUS INFORMATION	
EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE ID #
CAMPUS	DEPARTMENT

Please be advised that your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension benefit may affect the amount of the Social Security Benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two (2) ways your Social Security benefit amount may be affected:

1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds (2/3) of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500-\$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65.

FOR ADDITIONAL INFORMATION

For more information, please refer to Social Security Publications **“Windfall Elimination Provision,”** and **“Government Pension Offset Provision.”** These publications, and additional pertinent information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free at (800) 772-1213, or the TTY number at (800) 325-0778, or contact your local Social Security Office.

REQUIRED SIGNATURE

I certify that I have received CSU FORM SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE
CAMPUS NAME	EMPLOYER ID#