



**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.

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Name

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Signature

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Date

**Applicant Information**

Full Name: \_\_\_\_\_ SID: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_ Minor: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Courses 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  Award 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 Experience: \_\_\_\_\_  
*(if applicable)*

**References (Faculty – please provide three)**

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

Will you be employed in other CSU campuses while working at San José State University? If yes, check ALL that apply.

<u>CAMPUS</u>	<u>ASSIGNMENT</u>
<input type="checkbox"/> San Francisco State University	<u>Teaching/Non-Teaching Position:</u> _____
<input type="checkbox"/> CSU, East Bay (Hayward)	
<input type="checkbox"/> CSU, Monterey Bay	<u>TOTAL FTE/WTUs:</u> _____
<input type="checkbox"/> Other CSU Campus _____	(e.g., .20/3.0; .40/6.0; .60/9.0; .80/12.0; 1.00/15.0)

### 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>Teaching/Non-Teaching Position</u>	<u>Paid/Unpaid</u>
1: _____	1: _____	1: _____
2: _____	2: _____	2: _____
3: _____	3: _____	3: _____

Do you live outside of the State of California? If yes, please provide State of residency \_\_\_\_\_

**TOTAL FTE or WTUs:** \_\_\_\_\_  
(e.g., .20/ 3.0; .40/ 6.0; .60/ 9.0; .80/ 12.0; 1.00/15.0)

### RETIREMENT SYSTEM

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

**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:     10/11     11/12     12/13     13/14     14/15     15/16  
 Semester:         Fall         Winter     Spring     Summer



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

<b>EMPLOYEE AND CAMPUS INFORMATION</b>	
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](http://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#