

San José State University Research Foundation

Employment Application

Position Applying For: _____ Date Available to Start: _____

Benefited position Student (temporary) position Non-Student temporary position Other: _____

It is the policy of the San Jose State University Research Foundation ("Research Foundation" or "Foundation") to provide equal employment opportunities to all employees and applicants for employment. All employment practices such as recruitment, selection, promotions, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment or services are not subjected to discrimination on the basis of age (over 40), race, color, sex, sexual orientation, national origin, ancestry, medical condition (cancer or genetic characteristics), physical or mental disability, marital status, religion, veteran status, or any other consideration made unlawful by applicable federal, state or local laws. The Research Foundation also prohibits harassment of applicants and employees based on any of these protected classifications.

The Research Foundation is committed to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. This policy is in accordance with federal, state and local laws and reaffirms the Research Foundation's continuing commitment to both the spirit and intent of equal employment opportunity laws and policies.

If you have any questions or need assistance or an accommodation in completing this application, please contact Research Foundation HR at (408) 924-1400.

Last Name	First Name			Middle Initial
Local Street Address	City	State	Zip	Phone
Permanent Street Address	City	State	Zip	Phone
Email Address				
Have you ever worked for the Research Foundation before?		Yes	No	
If Yes, when? _____		Dept. or Project Worked: _____		
Do you have relatives working for the Research Foundation? If Yes, please state name(s).		Yes	No	
Name: _____				
Name: _____				
If hired, would you have a reliable means of transportation to and from work?		Yes	No	
Are you at least 18 years old? (If under 18, hire is subject to verification that you are eligible to work)		Yes	No	
If hired, will you be able to present proof of your legal right to work in the United States?		Yes	No	

EDUCATION and TRAINING

	Name of School	Graduated (Yes/No)	Number of Years Completed	Degree Earned
High School				
College or University				
Vocational				
Other				

EMPLOYMENT/VOLUNTEER WORK EXPERIENCE

List below all present and past employment and/or volunteer work experience, starting with your most recent work experience, for the last FIVE years. Please account for all periods of unemployment. You must complete this section even if attaching a resume. Please attach additional pages, as appropriate.

Company Name (Present or Most Recent Employer)	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:		Supervisor's Name and Position:
Describe your significant duties:		
May we contact this Employer? Yes No Reason for leaving:		

Company Name	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:		Supervisor's Name and Position:
Describe your significant duties:		
May we contact this Employer? Yes No Reason for leaving:		

How did you hear about this vacancy?	
Research Foundation posting (If so, where?) _____	Research Foundation staff member Name of staff member: _____
SJSU Career Center site	Internet (e.g. Indeed, Dice) Please specify: _____
Job Fair	Social Media (e.g. LinkedIn) Please specify: _____
Other (Please specify location): _____	

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

First	MI	Last	Telephone and e-mail	Occupation	No. of years acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below:

Initial	Smoking is prohibited in all indoor areas of the Research Foundation. Smoking is permitted only in designated outdoor smoking areas that have been established in accordance with applicable state and local laws.
Initial	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize the Research Foundation, through its own employees, to investigate my references, work record, education, and other matters related to my suitability for employment. This includes, but is not limited to, social network postings on Twitter and Facebook, among others. I further authorize the references I have listed to disclose to the Research Foundation information about me without giving me prior notice of such disclosure. In addition, I hereby release the Research Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initial	I recognize that this employment application is not an offer of employment. I understand and agree that if I become employed, my employment is "at will, which means both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I understand that this "at will" employment relationship can <u>only</u> be changed by an express written contract, signed by the Executive Director of the Research Foundation. I understand that, unless my employment is subject to such a written contract, the "at will" employment policy will be the sole and entire agreement that exists between me and the Research Foundation as to the duration of employment and the circumstances under which employment may be terminated.
Initial	I understand and acknowledge that a background investigation may be conducted on the Research Foundation's behalf after a conditional offer of employment been made. I agree to complete the requisite authorization forms for any background investigation that may be conducted by the Research Foundation.
Initial	I understand that the Research Foundation may decline to hire relatives or friends of present employees if doing so could result in actual or potential problems in supervision, security, safety, or moral, or if doing so could create conflicts of interest.
Initial	I understand that in compliance with federal law, if hired, I will be required to establish my identity and eligibility to work in the United States and to submit to E-Verify.

Signature of Applicant: _____

Date: _____

San José State University Research Foundation

Summary Data Sheet

To the Applicant:

As an Equal Opportunity Employer and federal contractor, the San Jose State University Research Foundation is required by applicable laws to compile summary data on the sex, ethnicity, and veteran status of applicants for Research Foundation positions. For the purpose of statistical analysis only, we are requesting that you complete and return this form.

Completion of this form is completely voluntary. Refusal to complete this information will not adversely affect your application. Likewise, this information, if provided, will neither enhance nor will it detract from your opportunity for employment with the San Jose State University Research Foundation. The information provided on this form will not become a part of any personnel file, nor will it be made available to those making employment decisions.

Position Applied For _____

Today's Date _____

Ethnicity: _____

Sex: _____

- Race:**
- | | |
|--|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Two or More Races |
|--|--|

Veteran Status:

Check one of the following boxes:

- I identify as one or more of the classifications of Protected Veteran listed below.
- I identify as a veteran, just not a Protected Veteran.
- I am not a veteran.
- I do not wish to self-identify.

Protected Veterans are described as:

Disabled Veteran	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at http://www.opm.gov/staffingportal/vgmedal2.asp).
Armed Forces Service Medal Veteran	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran	(Veteran who served on active duty and was discharged or released from active duty within the last three years).

San José State University Research Foundation

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability I
- Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____