



**PLEASE READ INSTRUCTIONS CAREFULLY BEFORE  
RETURNING COMPLETED APPLICATION**

Make sure all questions are answered completely.

If you do not currently have a telephone, you may indicate a number where we may leave a message for you. If the only telephone number available is your current employer, we will leave a name and number for you to call. To protect your present employment, no mention of Cal Poly Corporation will be made.

It is very important that we know the number of hours worked per week on each of your past jobs.

Please **do not attach original documents** to your application, as we cannot ensure their return.

Be sure to sign and date the last page of the application.

Return the entire completed package to Cal Poly Corporation Human Resources. We will accept mailed applications **as long as they are received in our office by 5:00 p.m. on the closing date.** It is recommended that you drop off your application in person to ensure that it is in our office by the closing date. If the position is **open until filled** we will continue to accept applications after the review date. If you wish to mail your application, use the following address:

**Cal Poly Corporation  
Human Resources, Building 15  
San Luis Obispo, CA 93407-0707**

After the closing date, a screening committee from the hiring department will screen the applications and interview the best qualified candidates. Applicants to be interviewed will be contacted by telephone. A recommendation is then made and is subject to various approvals. If another applicant is offered the position and accepts it, you will receive notification by mail, informing you that the position has been filled. If you are the recommended candidate, you will be offered the position by telephone. The entire process may take a few months.

If you are not selected for a position, you are encouraged to apply for any subsequent position for which you feel qualified. If you see a position for which you feel qualified, please complete a new application.

**Note:** All new employees must provide documentation to establish identification and eligibility for employment in the United States. Typical documents include a Social Security card and Driver's License or passport, but other documentation may be acceptable.

Employees of Cal Poly Corporation are not State Employees. All employment is at the mutual consent of both Cal Poly Corporation and the employee. Employment may be terminated by either party "at will" with or without cause or notice.



**APPLICANT FLOW INFORMATION  
(Optional and Confidential)**

Federal Law requires our organization to compile statistical data on the sex and ethnicity of applicants for our positions. For statistical analysis only, we are asking you to complete and return this sheet. You have the option of supplying or not supplying the information requested below. This information will not become a part of any personnel file, nor will it enhance or detract from your opportunity for employment at Cal Poly Corporation. Thank you for your assistance. Please **DO NOT** sign your name on the form.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**GENDER:**

- Female
- Male

**VETERAN STATUS:**

- Disabled
- Vietnam Era
- Other \_\_\_\_\_

**DISABILITY:**

- Yes \*
- No

\* If yes, what reasonable accommodation can Cal Poly Corporation provide to enable you to participate in the interview process and/or perform the essential functions of this job? \_\_\_\_\_

**ETHNICITY- Please check which of the following groups you belong to (check one only):**

**HISPANIC OR LATINO:**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**WHITE (NOT HISPANIC OR LATINO):**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO):**

A person having origins in any of the black racial groups of Africa.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO):**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**ASIAN (NOT HISPANIC OR LATINO):**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**AMERICAN INDIAN OR ALASKA NATIVE (NOT OF HISPANIC ORIGIN):**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**TWO OR MORE RACES (NOT HISPANIC OR LATINO):**

All persons who identify with more than one of the above five races.

**WHERE DID YOU LEARN ABOUT THIS JOB OPPORTUNITY?**

CAREERBUILDER.COM

CALJOBS.COM

NEWSPAPER: \_\_\_\_\_

CAL POLY CORPORATION WEBSITE OR JOBLINE

OTHER: \_\_\_\_\_

Mail to:  
 CPC Human Resources, Bldg. 15  
 San Luis Obispo, CA 93407



OFFICE: (805) 756-1121  
 JOB LINE: (805) 756-7107  
 www.calpolycorporation.org

An Affirmative Action, Equal  
 Opportunity, Title IX Employer

## APPLICATION FOR EMPLOYMENT

**CAL POLY CORPORATION DOES NOT ACCEPT APPLICATIONS FOR POSITIONS THAT ARE NOT CURRENTLY OPEN.  
 PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH OPEN POSITION.**

POSITION APPLYING FOR: \_\_\_\_\_ Years of Related Experience: \_\_\_\_\_

### I. General Information (PLEASE TYPE OR PRINT)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
 Street Name and Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

| Please answer the following questions   | Yes                      | No                       |   |
|---|--------------------------|--------------------------|---|
| Can you perform the essential functions of this position with or without accommodation?   | <input type="checkbox"/> | <input type="checkbox"/> | If you require accommodation please indicate the necessary accommodation:   |
| Do you have any relatives working for Cal Poly Corporation or Cal Poly?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please indicate name and relationship:  |
| Are you legally eligible for employment in the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Are you over 18 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Were you ever discharged from employment or rejected during probation/orientation?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please explain, including employer, position, and date:   |
| Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, may, however, be considered.) | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please explain. (Convictions for marijuana-related offenses that are more than two years old need not be listed.) |
| May we contact your present employer?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| May we contact you at work?   | <input type="checkbox"/> | <input type="checkbox"/> |   |

## II. Education

|  |                          |               |                          |                             |                          |
|--|--------------------------|---------------|--------------------------|-----------------------------|--------------------------|
| <b>Name and address of High School</b>           | <b>Did You Graduate?</b> | <b>Yes</b>    | <input type="checkbox"/> | <b>No</b>                   | <input type="checkbox"/> |
| Course of Study:                                 | <b>GED?</b>              | <b>Yes</b>    | <input type="checkbox"/> | <b>No</b>                   | <input type="checkbox"/> |
| <b>Name and address of College or University</b> | Units Credit Sem or Qtr. | Degree Earned | Major                    | Specialization within Major |                          |
|  | /                        |               |                          |                             |                          |
|  | /                        |               |                          |                             |                          |
|  | /                        |               |                          |                             |                          |
|  | /                        |               |                          |                             |                          |

## Special Training - Business, Technical or Other

| Name of Institution and Location | Dates |    | Total Hrs of Course | Subject(s) Covered | Units Credit |     |
|----------------------------------|-------|----|---------------------|--------------------|--------------|-----|
|                                  | From  | To |                     |                    | Sem          | Qtr |
|                                  | /     |    |                     |                    | /            |     |
|                                  | /     |    |                     |                    | /            |     |
|                                  | /     |    |                     |                    | /            |     |
|                                  | /     |    |                     |                    | /            |     |

What machines (computers, office, commercial equipment, etc.) do you operate? \_\_\_\_\_

---



---



---

Typing Speed \_\_\_\_\_ Words Per Minute \_\_\_\_\_

Current Licenses if applicable to position (including driver's license) or certificates held (specify kind, state, and expiration dates):

---



---

Special Skills (including software programs): \_\_\_\_\_

---



---

**Additional Qualifications** List any additional qualifications which you feel have a special bearing on this position.

---



---



---



---



---



---



---



---

### III. Employment

List your work record. Begin with your present job and list in reverse order. Include self-employment and periods of unemployment in excess of one month as a separate period. List each promotion as a separate job. Resumes **cannot** be used to substitute for completion of the following. Attach additional page(s) if needed.

|  |                        |                                   |
|--|------------------------|-----------------------------------|
| Dates of Work:   | Your Job Title:        | Name of Employer or Company:      |
| From: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____                                  |                        | Type of Business or Organization: |
| Last Salary<br>_____                                     |                        | Your Supervisor's Name and Title: |
| Per: _____   |                        | Reason for Leaving:               |
| Dates of Work:   | Your Job Title:        | Name of Employer or Company:      |
| From: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____                                  |                        | Type of Business or Organization: |
| Last Salary<br>_____                                     |                        | Your Supervisor's Name and Title: |
| Per: _____   |                        | Reason for Leaving:               |
| Dates of Work:   | Your Job Title:        | Name of Employer or Company:      |
| From: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____                                  |                        | Type of Business or Organization: |
| Last Salary<br>_____                                     |                        | Your Supervisor's Name and Title: |
| Per: _____   |                        | Reason for Leaving:               |
| Dates of Work:   | Your Job Title:        | Name of Employer or Company:      |
| From: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____                                  |                        | Type of Business or Organization: |
| Last Salary<br>_____                                     |                        | Your Supervisor's Name and Title: |
| Per: _____   |                        | Reason for Leaving:               |
| Dates of Work:   | Your Job Title:        | Name of Employer or Company:      |
| From: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u>    </u> / <u>    </u> / <u>    </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____                                  |                        | Type of Business or Organization: |
| Last Salary<br>_____                                     |                        | Your Supervisor's Name and Title: |
| Per: _____   |                        | Reason for Leaving:               |

## IV. Employment Continued

|                             |                        |                                   |
|-----------------------------|------------------------|-----------------------------------|
| Dates of Work:              | Your Job Title:        | Name of Employer or Company:      |
| From: <u> / </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u> / </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____     |                        | Type of Business or Organization: |
| Last Salary<br>_____        |                        | Your Supervisor's Name and Title: |
| Per: _____                  |                        | Reason for Leaving:               |
| Dates of Work:              | Your Job Title:        | Name of Employer or Company:      |
| From: <u> / </u><br>Mo. Yr. | Description of Duties: | Phone No.:                        |
| To: <u> / </u><br>Mo. Yr.   |                        | Address:                          |
| Hours Per Week<br>_____     |                        | Type of Business or Organization: |
| Last Salary<br>_____        |                        | Your Supervisor's Name and Title: |
| Per: _____                  |                        | Reason for Leaving:               |

**References** List a minimum of FOUR people not related to you who can attest to your work abilities and personal character.

| Name | Address and Telephone Number | Occupation |
|------|------------------------------|------------|
|      |                              |            |
|      |                              |            |
|      |                              |            |
|      |                              |            |

*I hereby certify that all information on this application is correct and complete to the best of my knowledge. I agree to have the statements verified by Cal Poly Corporation, unless I have indicated to the contrary. I understand that falsification or omission of any material information on this application may be considered cause for immediate dismissal. If employed, I agree to abide by all policies and procedures established by Cal Poly Corporation. I recognize that employment at Cal Poly Corporation is "at will," which means either Cal Poly Corporation or I may terminate my employment at any time with or without cause or notice. I understand that Cal Poly Corporation retains the sole discretion to modify compensation and benefits, position, duties and other terms and conditions of employment, and the right to impose discipline, including suspension and demotion, at its sole discretion.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE