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• Los Angeles Campus: Tel: 213-738-0712 2727 W. 6th St., Los Angeles, CA 90057-3139 **Fax**: 213-480-1332

## **APPLICATION FOR EMPLOYMENT**

	<u>ONAL INFO</u>	<u>RMATION</u>					
Name:	Last		First				
Address							
	Number	Street		City		State	Zip Code
Phone:	Email:			SBU Student ID #:			(for Student Worker).
	ΓΙΟΝΝΑΙ <b>ΓΙ</b> u are not a U	_	ur immigration or v	visa status allow you	ı to be lawfully er	nployed in the U1 [ ] Yes	
2. Do yo are appl		physical limitations	s, or health problem	ns that would preven	nt you from succe	ssfully performin	g the job for which you
3. Do you have any restrictions on your work schedule?						[ ] Yes	[ ] No
			the following table	if an item is applica	able to you.		
	uage Fluency	y: Please check in	_		Vorann	Other	Other
	uage Fluency	y: Please check in English	Spanish	Chinese	Korean	Other	Other
	uage Fluency		_		Korean	Other	Other
			_		Korean	Other	Other

## REFERENCES List names of persons, other than relatives, willing to provide professional and/or personal references: **PROFESSIONAL** Name: Occupation: Address: Number Street City Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **PERSONAL** Name: Occupation: Address: Number Zip Code Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **EMERGENCY CONTACT INFORMATION** Name: Occupation: Address: Number Street State Zip Code Phone: \_\_\_\_\_ Email: \_\_\_\_\_ I certify that the information reported above is accurate and complete to the best of my knowledge. If requested, I agree to provide further documentation to verify the information reported. To assist in determination of eligibility for employment of South Baylo University (SBU), I authorize the Personnel Director to discuss information on this form with the applicant. I understand that SBU will hold all information provided strictly confidential.

Date Signed:

Revised 3/16/2020

Applicant's Signature: