

# Employment History

HUMBOLDT STATE UNIVERSITY

Human Resources  
1 Harpst Street  
Arcata, CA 95521-8222

707.826.3626 office  
707.826.3625 fax

Name \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

List all previous employment for a minimum of ten years. Include military experience and relevant volunteer experience. List your most recent employment first. Complete additional information page(s), if necessary. All information requested below must be completed.

**May we contact your present employer?**  Yes  No **May we contact your previous employers?**  Yes  No

If you are considered as a final candidate, your present employer and any relevant previous employers will be contacted for references.

Employer # 1		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____		Immediate Supervisor _____ Supervisor's Telephone _____
	Employer's Address _____	Reason for Leaving _____
Job Duties  		

Employer # 2		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____		Immediate Supervisor _____ Supervisor's Telephone _____
	Employer's Address _____	Reason for Leaving _____
Job Duties  		

Employer # 3		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____		Immediate Supervisor _____ Supervisor's Telephone _____
	Employer's Address _____	Reason for Leaving _____
Job Duties  		

I hereby certify that all the statements I have made are true to the best of my knowledge and belief. I understand that my stated pre-employment qualifications are subject to investigation and I hereby authorize the University to investigate any and all information on this application. I understand that any false statements appearing on any employment form will be cause for immediate dismissal. I further understand that if hired, I may be fingerprinted, and if a U.S. citizen, I will be required to sign the document, Oath of Allegiance, as an employee in the State of California. I also understand that if hired I must provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I am submitting this application electronically without a signature. Despite the lack of a signature, I certify that the information contained in the application is true and correct to the best of my knowledge. If I continue in the selection process, I will provide a signed application to HSU.

# Additional Employment History

Name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Employer # 4		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____	Employer's Address _____	Immediate Supervisor _____ Supervisor's Telephone _____
		Reason for Leaving _____
Job Duties   		

Employer # 5		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____	Employer's Address _____	Immediate Supervisor _____ Supervisor's Telephone _____
		Reason for Leaving _____
Job Duties   		

Employer # 6		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____	Employer's Address _____	Immediate Supervisor _____ Supervisor's Telephone _____
		Reason for Leaving _____
Job Duties   		

Employer # 7		
Dates of Employment (Mo/Yr) From _____ To _____	Name of Employer _____	Job Title _____
Hours Per Week _____	Employer's Address _____	Immediate Supervisor _____ Supervisor's Telephone _____
		Reason for Leaving _____
Job Duties   		