



UNIVERSITY OF CALIFORNIA  
**MERCED**

# Application for Staff Employment

## Instructions

- **Complete each page of the application form.** Please include the job title, position code, and sign and date the application.
- **Resume, cover letter, and other supplemental materials must be attached.**
- To submit application email [UCMCareers@ucmerced.edu](mailto:UCMCareers@ucmerced.edu)
- **A separate application must be submitted for each job opening.**

## Information

- Applications are accepted if received in Human Resources by 5 pm on the closing date.
- Applications and supporting material will not be returned.
- **Retain this information sheet for your records.** Please refer to the job title and position code when contacting the Employment Office or when checking the current job status page.
- Each search varies; the review process may take 3-8 weeks or more. Once the review is completed, the hiring unit will contact individuals selected for interviews directly. When possible, Human Resources will send notification to unsuccessful applicants by email or postcard.

UNIVERSITY OF CALIFORNIA, MERCED  
HUMAN RESOURCES  
5200 NORTH LAKE ROAD  
MERCED, CA 95343  
FAX (209) 228-8586

NAME\_\_\_\_\_

JOB TITLE\_\_\_\_\_

Position Code\_\_\_\_\_



# Application for Staff Employment

**JOB TITLE** \_\_\_\_\_ **Position Code** \_\_\_\_\_

☐ Full-time ☐ Part-time

## PERSONAL DATA

Last Name	First Name	Middle Name/Initial
Home Telephone ( ) -	Business Telephone ( ) -	E-Mail
Street		
City	State	Zip

Other names you have used while employed? \_\_\_\_\_

## EDUCATION (Please list in chronological order, listing most recent first)

Have you graduated from high school or received a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of School/College/University	City, State	Degree or Diploma	Major

## LICENSES AND CERTIFICATES

Professional License or Certificate	Number	State	Expiration Date

## OTHER SKILLS

List other job-related skills that you have, such as knowledge of computer hardware, software applications, typing speed, machinery and/or other office, lab or scientific equipment you operate, foreign languages and/or medical terminology. (Space is limited to 550 characters)

## REQUIRED INFORMATION – Please answer each of the following questions.

### Background Information

1. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? If yes, please state date and circumstances. ☐ Yes ☐ No
2. Do you have a valid California driver's license? ☐ Yes ☐ No

### Immigration Information

3. If you are not a U.S. citizen, do you have the right to work in the U.S.: Permanently? ☐ Yes ☐ No Temporarily? ☐ Yes ☐ No

State type of visa and expiration date \_\_\_\_\_

### UC Information

4. Are you a UC student? ☐ Yes ☐ No
7. Are you currently a University of California employee in one of the following appointment types?  
Career? ☐ Yes ☐ No Limited Appointment? ☐ Yes ☐ No Contract? ☐ Yes ☐ No  
If yes, what department(s)? \_\_\_\_\_
8. Do you have any relatives currently employed at UC Merced?  
If yes, what department(s)? \_\_\_\_\_ ☐ Yes ☐ No
9. Have you ever been employed by the University of California?  
If yes, what campus(es)? \_\_\_\_\_ ☐ Yes ☐ No
10. Are you currently retired from the University of California?  
Date Retired: \_\_\_\_\_ ☐ Yes ☐ No
11. Are you currently on lay-off status or subject to recall?  
If yes, what department(s)? \_\_\_\_\_ ☐ Yes ☐ No

## CERTIFICATION AND AUTHORIZATION

I certify that the information contained on this application form is true, correct and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for disqualification or separation. **In addition, I understand that a thorough reference checking process will occur and hereby authorize UC Merced to make inquiries regarding my education, work experience and references, unless otherwise stated.** I hereby release all parties and persons associated with any such inquiries from liability in connection with information they provide. I understand that certain positions may require background checks including a request for criminal history information. I have read and understand the information on this application.

Applicant's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

### PRIVACY NOTIFICATION STATEMENT

The State of California Information Practices Act of 1977 (effective July 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

**Application for Employment:** The principal purpose for requesting information on the Application for Employment is to evaluate qualifications for employment. University policy and State and Federal statutes authorize the maintenance of this information. Furnishing the information is mandatory; failure to provide the information may be grounds for disqualification or separation. The office responsible for maintaining the information supplied on this form is the UC Merced Human Resources Office.

**Applicant Data Form:** Information furnished on Applicant Data Form is requested by UC Merced's Human Resources Office. The University of California, Merced is a Federal contractor and, therefore, must comply with Affirmative Action regulations issued pursuant to Executive Order 11246, Federal Revised Order No. 4, Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistant Act. Furnishing the information on this form is voluntary. There is no penalty for not completing this form. UC Merced Human Resources Office is responsible for maintaining the information supplied on this form.

*\*Applicant's Signature MUST be on this page.*

## PRE-OFFER INVITATION TO SELF IDENTIFY DEMOGRAPHIC INFORMATION

### Invitation to Self-Identify Sex, Race and Ethnicity

As a federal contractor, University of California is subject to Executive Order 11246, as amended, which requires federal government contractors to maintain and analyze data on the sex, race, and ethnicity of applicants. By providing us with the information requested in this section of the employment application, you are helping us ensure full compliance with our regulatory obligations.

Submission of this information is voluntary. Refusal to complete this section will not subject any applicant for employment or any employee to adverse treatment. This information will be maintained separately in a confidential file, will not be used in consideration for your employment, and will not be seen by the hiring manager or search committees.

While the University of California appreciates the diverse gender identity, gender expression, and sexual orientation of its employees, we ask that you please self identify your sex designation based on the options below. We are currently collecting this data in a manner that allows the University to meet its data reporting responsibilities to the Federal Government.

#### **SEX**

☐ **MALE**

☐ **FEMALE**

☐ **I CHOOSE NOT TO PROVIDE THIS INFORMATION**

Please answer the question below and select the racial categories that apply to you. For a list of Ethnicity/Race definitions click [here](#)

Are you Hispanic or Latino?

☐ **NO, I AM NOT HISPANIC OR LATINO**

#### **YES, I AM HISPANIC OR LATINO**

☐ Mexican/Mexican American/Chicano

☐ Latin American/Latino

☐ Other Spanish/Spanish American

In addition, select one or more of the following racial categories to describe yourself, if applicable.

☐ **AMERICAN INDIAN OR ALASKA NATIVE**

#### **ASIAN**

☐ Chinese/Chinese American

☐ Filipino/Pilipino

☐ Japanese/Japanese American

☐ Korean/Korean American

☐ Pakistani/East Indian

☐ Vietnamese/Vietnamese American

☐ Other Asian

☐ **BLACK/AFRICAN AMERICAN (not of Hispanic origin)**

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

**WHITE (not of Hispanic origin)**

☐ European

☐ Middle Eastern

☐ \_North African

☐ **I CHOOSE NOT TO PROVIDE THIS INFORMATION**

### Invitation to Self-Identify Veteran Status

The University of California is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, (4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans. These classifications are defined as follows. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Vietnam Era Veteran means a person who:
  1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or
  2. Was discharged or released from active duty because of a service-connected disability, if any part of such active duty was performed: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you

may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ **I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**

☐ **I AM NOT A PROTECTED VETERAN**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.