



**UNIVERSITY OF CALIFORNIA
DIVISION OF AGRICULTURE AND NATURAL RESOURCES**

Application for Academic Employment

The University of California is an equal opportunity employer.

Please print or type in black ink, and complete all sections. Resumes may be attached, but do not constitute a substitute for any part of this application. Add extra sheets as needed.

Rev. 04/15/2019

Name (Last, First, MI)	Date	Position and position number for which you are applying
Mailing address: Street address	City, State, Zip	
Present address, if different from above		
Home Phone and Email	How soon will you be available for employment?	
If hired, will you be able to provide documentation that you are legally able to work in the U.S., as required by the Immigration Reform and Control Act of 1986? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by the University of California? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list department, campus, dates:	

REFERENCES (Provide name, address, and phone number, if possible, include two supervisors): * = past supervisors

1.	2.
3.	4.
5.	6.

EDUCATION

Name of College or University	Location	From (Mo/Yr)	From (Mo/Yr)	Units Completed	Degree	G.P.A. 4.00+ A	Major

Candidate for: Degree Major	Anticipated date of completion	Other educational certification
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List descriptive title of applicable course work (indicate U for upper division and G for graduate); a transcript is not a substitute for this listing (use extra sheets as necessary).

Subject	U/G	Units	Grade	Subject	U/G	Units	Grade

Ability to use languages other than English: Yes No
 Please list language(s):

Read Yes No
 Write Yes No
 Speak Yes No

Membership in professional organizations

Other related affiliations

Applicable community activities

Other applicable skills

EMPLOYMENT RECORD

Are you presently employed? YES NO

List present or most recent employer first, and other employers as applicable.

May we contact your present employer? YES NO

Dates:		Employer	Job title and duties
From	To		
Hrs. per week	-	Firm Name Address City & State Type of business	
Hrs. per week	-	Firm Name Address City & State Type of business	
Hrs. per week	-	Firm Name Address City & State Type of business	
Hrs. per week	-	Firm Name Address City & State Type of business	

FOR YOUTH ADVISORY APPLICANTS ONLY: List volunteer experience, being specific about type of work and the amount of time spent (using 40 hours per week as a standard measure):

RECRUITMENT SOURCE	
Please indicate where you first learned about this position:	
Journal/Magazine/Newsletter (please specify) _____	
Publication website (please specify) _____	
Professional Organization or Conference (please specify) _____	
University of CA – Ag. & Natural Resources employment website <input type="checkbox"/>	
Other educational Institution (please specify) _____	
Friend or Colleague <input type="checkbox"/>	
PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING:	
I hereby certify that all statements are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for termination.	
Signature	Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.¹ 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

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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.

ⁱ 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.

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.

VOLUNTARY SELF-IDENTIFICATION OF RACE, ETHNICITY AND VETERAN STATUS

U5605 (R10/14) University of California Human Resources

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CAMPUS	DEPARTMENT/ORGANIZATIONAL UNIT	BIRTHDATE		
			MO	DY	YR

SEX: Female Male

INVITATION TO SELF-IDENTIFY RACE AND ETHNICITY

The University of California is a federal contractor and recipient of federal funds subject to affirmative action requirements set forth in Executive Order 11246, as amended. The University's status as a federal contractor obligates it to maintain and analyze certain data with respect to the race and ethnicity of its workforce. In order to comply with these regulations the University requests its employees to voluntarily self-identify their race and ethnicity. The information provided will be kept confidential and used only in ways that are in accordance with federal and state laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

Please answer the question below.

Are you Hispanic or Latino? **YES, I am Hispanic or Latino** Mexican/Mexican American/Chicano

(E) – A person of Mexican culture or origin regardless of race.

 Latin American/Latino

(5) – A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

 Other Spanish/Spanish American

(W) – A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

 NO, I am not Hispanic or Latino

In addition, select one or more of the following racial categories that best describe you, if applicable.

 AMERICAN INDIAN OR ALASKA NATIVE

(C) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

ASIAN Chinese/Chinese American

(2) – A person having origins in any of the original peoples of China.

 Filipino/Pilipino

(L) – A person having origins in any of the original peoples of the Philippine Islands.

 Japanese/Japanese American

(B) – A person having origins in any of the original peoples of Japan.

 Korean/Korean American

(K) – A person having origins in any of the original peoples of Korea.

 Pakistani/East Indian

(R) – A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

 Vietnamese/Vietnamese American

(I) – A person having origins in any of the original peoples of Vietnam.

 Other Asian

(X) – A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).

 BLACK OR AFRICAN AMERICAN

(A) – A person having origins in any of the Black racial groups of Africa.

 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

(Z) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.

WHITE European

(G) – A person having origins in any of the original peoples of Europe.

 Middle Eastern

(J) – A person having origins in any of the original peoples of the Middle East.

 North African

(N) – A person having origins in any of the original peoples of North Africa.

 White (not specified)

(F) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

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.

OVER ►

I AM NOT A PROTECTED VETERAN. (O)

I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE CLASSIFICATIONS TO WHICH I BELONG. (P)

I belong to the following classifications of protected veterans (choose all that apply):

DISABLED VETERAN (S)

A “disabled veteran” is one of the following:

1. 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 2. a person who was discharged or released from active duty because of a service-connected disability.

RECENTLY SEPARATED VETERAN Please provide separation date ____/____ (MM, YY)

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.

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN (E)

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.

ARMED FORCES SERVICE MEDAL VETERAN (M)

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 (V)

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.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box above.

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.

PRIVACY NOTIFICATION STATEMENT (Revised February 22, 2010 for U5605)

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves.

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102–325), as well as relevant implementing regulations.
2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.
3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.
4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.
5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.