



**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. 2/9/2018

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:						
<b>REFERENCES</b> (Provide name, address, and phone number, if possible, include two supervisors): * = past supervisors							
1.	2.						
3.	4.						
5.	6.						
<b>EDUCATION</b>							
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					

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):

<b>RECRUITMENT SOURCE</b>	
Please indicate how you 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"/>	
<b>PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING:</b>	
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 _____

**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 1/31/2020  
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

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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.