

Lawrence Berkeley National Laboratory CUCSA Delegate Application

Please Print or Type

Complete and sign the application form. Respond to the essay questions as instructed.
Application deadline is Wednesday, April 30 at 5:00 p.m. to Jeff Troutman, MS 80R0114.

Personal Information

1. Name _____
2. Division/Department _____
3. Staff position held (title) _____
4. Employee identification number _____
5. Mailstop _____
6. Lab phone number _____
7. Lab e-mail address _____

Employment History

8. a) Years of full-time career service with the University of California _____
b) Years of full-time career service with LBNL _____

9. Please include a resume that lists your work experience and education background. Attach additional pages if necessary. Include military and major volunteer experience at the end of this section. List significantly different positions within the same employer separately. You may exclude the names of organizations that reveal your race, color, religion, national origin, ancestry, disability, or characteristics of any other protected category.

Essay Questions

On an additional piece of paper, please answer the following essay questions. Answers to each essay question should not exceed 500 words. Label each essay with the question number. In addition, note in the header on every page the question number, the sequential page number and your contact information.

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CUCSA Delegate Application**

- A. Why do you want to be selected as one of LBNL's Delegates to CUCSA?
- B. How do you propose communicating and encouraging dialogue with other LBNL staff during your time as Delegate?
- C. In what ways can UC and LBNL continue to be an employer of choice in light of constrained resources?

Applicant Statement

I certify that the information provided on the Application Form and the documents attached are complete and accurate. I certify that I am currently a nonrepresented LBNL staff member and understand the roles and duties that I will be asked to perform.

Applicant signature _____

Signature Date _____

Supervisor Statement

I agree to provide the applicant, if selected to be a delegate for LBNL to CUCSA with the release time necessary to attend meetings and conduct business as required of the position from the time of appointment.

Supervisor Signature _____

Name of Supervisor (*please print*) _____

Signature Date _____

Title _____

Division/Department _____

Mailstop _____

LBNL Phone number _____

LBNL E-mail address _____