Please Print or Type

Complete and sign the application form. Respond to the essay questions as instructed. Application deadline is Monday, March 31st at 5:00 p.m. to Elizabeth Bautista (MS943R256) or email to CUCSA@lbl.gov.

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,

Essay Questions

Personal Information

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.

ancestry, disability, or characteristics of any other protected category.

- 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. It has been stated that the University of California and LBNL confronts the challenges brought by the lingering economic crisis. What do you think are the most critical issues facing the University and LBNL today? What kinds of options would you recommend?

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 we time necessary to attend meetings and conduct business as required of the posit time of appointment.	
Supervisor Signature	
Name of Supervisor (please print)	-
Signature Date	
Title	
Division/Department	-
Mailstop	
LBNL Phone Number	
LBNL E-Mail Address	