



Position No. _____

APPLICATION FOR FULL-TIME ACADEMIC EMPLOYMENT

State Center Community College District

1525 E. Weldon Avenue, Fresno, CA 93704 (559) 226-0720 www.scccd.eduCLOVIS CENTER
Clovis, CA
(559) 323-4595FRESNO CITY COLLEGE
Fresno, CA
(559) 442-4600MADERA CENTER
Madera, CA
(559) 675-4800OAKHURST CENTER
Oakhurst, CA
(559) 683-3940REEDLEY COLLEGE
Reedley, CA
(559) 638-3641WILLOW-INTERNATIONAL CENTER
Clovis, CA
(559) 324-6411☐ Ms. ☐ Mr.☐ Miss ☐ Dr.☐ Mrs.

Last Name

First

Middle or Initial

Present mailing address _____
Number and Street City State Zip CodeTelephone _____
Home Cell Other (please describe)

Email _____

POSITION TITLE _____

Preferred Teaching Subjects 1st 2nd (if any) Other (if any)
_____Are you also interested in part-time employment? ☐ Yes ☐ No

CALIFORNIA COMMUNITY COLLEGE CREDENTIALS

TYPE HELD	SUBJECT	DATE ISSUED/DATE EXPIRED	VALID FOR LIFE
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

NOTE: California Community College Credentials are no longer available and are no longer required but may be substituted for minimum qualifications.

PERSONAL DATA

Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? (Having a criminal record does not necessarily disqualify you for employment. Each case is given individual consideration, based on job-related criteria.) ☐ **Yes** ☐ **No**

If Yes, please note the date and place of each offense, the specific charge, the date and place of convictions or plea, the fine or sentence received, or the diversion program entered. You may omit any offences for which the only punishment imposed was a fine of less than \$100, or minor traffic violations. Any offense for which you were convicted for which the punishment was a fine in excess of \$100, which required serving a jail or prison sentence, or which required probation, **MUST** be reported **or your application will be considered incomplete**. You must report convictions or pleas withdrawn, set aside or dismissed pursuant to California Penal Code section 1203.4. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364 or 11365 as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.

Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? ☐ **Yes** ☐ **No**
If **yes** explain below. (A yes answer will not automatically preclude you from employment consideration.) **Failure to respond to this question will result in an incomplete application.**

The District receives and processes applicants without regard to age. However, there are existing legal provisions to which the district must comply.

Are you over 18 years of age? ☐ Yes ☐ No

Are you now or have you ever been employed by the State Center Community College District? ☐ Yes ☐ No

If yes, give position_____

Are you related by blood or marriage to any person(s) presently employed by the District? ☐ Yes ☐ No

If yes, give name(s) of relative(s)_____

Are you able to perform all the job functions listed on the job description with or without an accommodation? ☐ **With accommodation**
☐ **Without accommodation**

If "**with accommodation**", how would you perform the function, and what kind of accommodation do you need: _____

Can you meet the attendance requirements of this job? ☐ Yes ☐ No

REFERENCES - COMPLETE ALL BOXES – DO NOT WRITE "SEE RESUME". (Not a substitute for required letters of recommendation.)

NAME	ORGANIZATION	POSITION	TELEPHONE NUMBER	ADDRESS

FORMAL EDUCATION AND TRAINING (List in chronological order starting with most recent education.)

Do you have high school diploma or equivalent ? ☐ Yes ☐ No

Name of Institution	Location City and State	From MM/YY	To MM/YY	List Diploma or Degree Earned	Major and Minor Areas of Study
					Major(s) Minor(s)
					Major(s) Minor(s)
					Major(s) Minor(s)
					Major(s) Minor(s)
					Major(s) Minor(s)
					Major(s) Minor(s)
					Major(s) Minor(s)

APPLICABLE TEACHING AND NON-TEACHING EDUCATIONAL EXPERIENCE IN AN EDUCATIONAL INSTITUTION (in chronological order)
Including Supervised Student Teaching and Internships

(If more space is needed, attach extra sheet.)

Years/ Months in Position	From/To MM/YY	% of Full-Time	Status Reg., Hrly., or Sub	University, College or High School	Grade Level	Name of Institution	City and State	May We Contact

Describe duties_____

Reason for leaving_____

Years/ Months in Position	From/To MM/YY	% of Full-Time	Status Reg., Hrly., or Sub	University, College or High School	Grade Level	Name of Institution	City and State	May We Contact

Describe duties_____

Reason for leaving_____

Years/ Months in Position	From/To MM/YY	% of Full-Time	Status Reg., Hrly., or Sub	University, College or High School	Grade Level	Name of Institution	City and State	May We Contact

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Years/ Months in Position	From/To MM/YY	% of Full-Time	Status Reg., Hrly., or Sub	University, College or High School	Grade Level	Name of Institution	City and State	May We Contact

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Describe duties_____

Reason for leaving_____

Years/ Months in Position	From/To MM/YY	% of Full-Time	Status Reg., Hrly., or Sub	University, College or High School	Grade Level	Name of Institution	City and State	May We Contact

Describe duties_____

Reason for leaving_____

OCCUPATIONAL EXPERIENCE NOT IN AN EDUCATIONAL INSTITUTION (including armed services)

(List in chronological order)

Years/Months in Position	From MMYY	To MM/YY	Position Title	Firm Name & Address	Telephone	Supervisor's Name and Title	May We Contact
____ / ____ % of Full-time							

Describe duties_____

Reason for leaving_____

Years/Months in Position	From MMYY	To MM/YY	Position Title	Firm Name & Address	Telephone	Supervisor's Name and Title	May We Contact
____ / ____ % of Full-time							

Describe duties_____

Reason for leaving_____

Years/Months in Position	From MMYY	To MM/YY	Position Title	Firm Name & Address	Telephone	Supervisor's Name and Title	May We Contact
____ / ____ % of Full-time							

Describe duties _____

Reason for leaving _____

In the space below, provide a statement about yourself that specifically demonstrates sensitivity to the needs of the diverse academic, socioeconomic, cultural, disability and ethnic backgrounds of community college students and the community at large. (attach additional sheets if necessary)

List memberships in community organizations, other community activities, professional societies and organizations (optional):

Provide any additional data which you feel will assist in the evaluation of your application.

CERITIFICATION AND AGREEMENT OF APPLICANT

I *(Print Name)* _____
hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my dismissal from employment with the State Center Community College District.

I authorize the District to investigate my references, work record, education, performance evaluations or any other matters relating to my suitability for employment. I authorize and direct my former or current employer and educational institutions to release to the District any information they may have concerning my employment or education (if I agreed to have them contacted on the previous application page). I also authorize the District to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties listed above from any and all liability related to this process of supplying or gathering any information about my suitability for employment.

I also understand that an incomplete application may delay or prevent employment opportunities with the College(s). I hereby release the College(s), as well as those contacted by the College(s) from any liability or damage which may result from providing or using the information requested.

Signature _____

Date _____

EMPLOYMENT POLICY STATEMENT

The State Center Community College District does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, medical condition or marital status, and is subject to Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Questions concerning the application of this policy may be addressed to the Human Resources Office.

Please check below how you learned about this position:

_____ SCCCD Website	_____ Newspaper_____
_____ LA Job Fair	_____ Website _____
_____ SF Job Fair	_____ Placement Office_____
_____ Friend/Relative/Colleague	_____ Professional Organization_____
_____ Registry	_____ Other (please describe)_____
_____ Government Agency	

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The information requested in this section is voluntary. It is requested under the conditions of Section 1233 of the California Government Code which permits collection of data on employment applicants. This data is to be used solely for research and reporting purposes, and will have no bearing on your application. This section will be removed from the application and placed separately in a non-public file.

Name _____ Position No. _____

Gender: Male _____ Female _____ Are you a Vietnam-era veteran? _____

Ethnic Background:	AC-Chinese <input type="checkbox"/>	AI-Asian Indian <input type="checkbox"/>	AJ-Japanese <input type="checkbox"/>
	AK-Korean <input type="checkbox"/>	AL-Laotian <input type="checkbox"/>	AM-Cambodian <input type="checkbox"/>
	AV-Vietnamese <input type="checkbox"/>	AX-Other Asian <input type="checkbox"/>	B-Black Non-Hispanic <input type="checkbox"/>
	F-Filipino <input type="checkbox"/>	H-Hispanic <input type="checkbox"/>	N-American Indian/Alaskan Native <input type="checkbox"/>
	O-Other Non-White <input type="checkbox"/>	PG-Guamanian <input type="checkbox"/>	PH-Hawaiian <input type="checkbox"/>
	PS-Samoan <input type="checkbox"/>	PX – Other Pac. Islander <input type="checkbox"/>	W-White Non-Hispanic <input type="checkbox"/>
	X-Unknown/Non-Respondent:		

Includes all those persons for whom their Ethnicity is unknown ☐

Board policy and administrative regulations require that prior to employment you must:

- Sign a loyalty oath
- Submit evidence of employment eligibility (I-9 Form)
- Provide the District with proof from TB by X-ray or intradermal test
- Provide official transcripts
- Submit written verification of experience, if required
- Submit a copy of credential(s) or evidence of satisfying the state mandated minimum qualifications or Academic Senate approved equivalency