



Chaffey College

Office of Human Resources

5885 Haven Avenue, Rancho Cucamonga CA 91737-3002
909/652-6534 Fax 909/652-6533

www.chaffey.edu

Clery Act Reporting Information: http://www.chaffey.edu/public_safety/police_clery.shtml

APPLICATION FOR EMPLOYMENT

Chaffey Community College District is committed to providing equal employment opportunity. Reasonable accommodations are provided to persons with disabilities. Should you feel you have any need for accommodation, please indicate this need on the Recruitment Survey form, or contact the Human Resources Office.

INSTRUCTIONS

Complete this application as thoroughly and accurately as possible. Please type or print all responses. The selection of persons to be interviewed for a vacant position will be based on the information provided by the application.

Name	Last	First	Middle	Social Security Number (Last 4 digits only) XXX - XX - _ _ _ _
Address	Number	Street	Home Telephone	
City	State	Zip Code	Work Telephone	
E-Mail Address			Cell/Mobile Telephone	

It is the responsibility of the applicant to promptly notify Human Resources of any change of address and/or phone number.

Education and Professional Training

High School Graduate or GED Yes No

List colleges, institutions, vocational schools attended.

Name of Institution	Location	Degree Earned	Course of Study	Date Earned	Units Sem/Qtr

Credentials

List all valid California Community College credentials held. (FACULTY AND MANAGEMENT POSITIONS ONLY)

Type	Subject Matter Area

Professional Licenses/Certificates

List all licenses and/or certificates and expiration dates.

--

Additional Expertise

List additional knowledge, skills, and abilities you feel add to your full qualifications (eg. courses taught, languages spoken, or tools used).

If position requires, list typing speed _____ WPM

--

Equivalency (FACULTY POSITIONS ONLY)

Are you applying for equivalency of the stated minimum qualifications for this position? Yes No

If yes, please complete the Supplemental Application for Equivalency Determination form (last page).

Have you ever been convicted of a crime? Yes No If yes, please complete and attach the Report of Convictions form.

(Only certain convictions may apply. See instructions on the Report of Convictions form.)

Do you have a legal right to work in the United States? Yes No

References

To enable the district to verify information regarding your employment experience, please list three professional references. (Do not list family members).

Name of person to contact	Company	Address	Area Code/Telephone

Name _____

Position _____
(If teaching, list subject area)

Availability: Day Evening

OFFICE USE ONLY

Application material received:

Complete Incomplete

English _____ Math _____ Dictation _____ WPM _____ Police _____ Bk/rg _____

Experience: Begin with your most recent experience. List all experience in the last ten years. Give details on the experience which you believe meets the requirements for this position which may include military service. Go back more than ten years if necessary. Also, list any volunteer experience which you believe helps you meet the requirements of the position for which you are applying. **DO NOT INDICATE "SEE RESUME."** Please **include in your application package** all materials requested in the job announcement under "Application Process."

Please complete **all** sections:

Dates		Duties	Employers
From	To	Title	Name—Present or Last Employer
Total—Yrs/Mos		Major Duties	Supervisor
Hours worked per week			Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			City, State, Zip
Salary		Reason for leaving	Area Code/Telephone
From	To	Title	Name—Present or Last Employer
Total—Yrs/Mos		Major Duties	Supervisor
Hours worked per week			Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			City, State, Zip
Salary		Reason for leaving	Area Code/Telephone
From	To	Title	Name—Present or Last Employer
Total—Yrs/Mos		Major Duties	Supervisor
Hours worked per week			Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			City, State, Zip
Salary		Reason for leaving	Area Code/Telephone
From	To	Title	Name—Present or Last Employer
Total—Yrs/Mos		Major Duties	Supervisor
Hours worked per week			Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			City, State, Zip
Salary		Reason for leaving	Area Code/Telephone

May we contact your former employers? Yes No If no, please explain why not: _____

If no, will we be able to contact former employers if you are selected as a finalist? Yes No

May we contact your present employer? Yes No If no, please explain why not: _____

If no, will we be able to contact present employer if you are selected as a finalist? Yes No

THIS SECTION **MUST BE COMPLETED**. IF ADDITIONAL PAGES ARE ATTACHED, PLEASE IDENTIFY BELOW.

CANDIDATES FOR ALL POSITIONS: Please discuss your experience working with persons of diverse backgrounds (e.g. academic, socioeconomic, cultural, disability, and ethnic differences).
FACULTY AND MANAGEMENT CANDIDATES: Please also discuss significant contributions you have made to promote diversity in previous positions that you have held.

CANDIDATES FOR FULL-TIME FACULTY/COUNSELOR POSITIONS ONLY:

State briefly how you specifically fit the Faculty Profile of Personal and Professional Qualities and demonstrate how you have employed these qualities in the past. If necessary, attach additional pages (not to exceed three (3) pages total in length).

I certify the answers given by me to the foregoing questions are true and correct without consequential omissions of any kind. I agree that the college shall not be liable in any respect if my employment is terminated because of omissions or false statements made by me on this application. I authorize the companies, schools, or persons named above to give information regarding my training or employment. I hereby release said companies, schools, or persons from all liability in issuing this information.

The absence of questions from this employment form regarding race, ethnicity, gender, age, disability, medical condition, marital status, religion, sexual orientation, or other similar factors as defined by law is in support of the policy on nondiscrimination of the Chaffey Community College District.

Signature _____ Date _____

SUPPLEMENTAL APPLICATION FOR EQUIVALENCY DETERMINATION

For faculty applicants only

INSTRUCTIONS The information requested below is required of all candidates NOT HOLDING THE STATED MINIMUM QUALIFICATIONS who are seeking consideration on the basis of EQUIVALENCY. Candidates making application under the equivalency basis shall complete the instructions on this supplemental form, as well as submit any additional materials which support the equivalency process.

1. a. Please attach a list of all academic preparation (coursework) that you wish to be considered to determine equivalency. Please be specific regarding the institution, course title, unit value of coursework (graduate, upper division, etc.), and to which degree(s) it is equivalent. Transcripts must be attached. Course descriptions should be attached if available.
- b. Please provide a one-to-one comparison between courses that you have completed and courses that satisfy the degree requirements of a specific university that offers an accredited degree program as listed in the minimum qualifications. PLEASE ATTACH DEGREE PROGRAM REQUIREMENTS AND ADDITIONAL SHEETS AS APPROPRIATE.
2. List all relevant professional/work experience (teaching and non-teaching) that should be considered to determine equivalency. Please give details including dates, places, job titles, and duties performed. Verification of experience should be attached.

3. List any other relevant accomplishments that should be considered to determine equivalency. (This could include, but would not be limited to: research publications, seminars, professional performances/exhibitions, honors, awards, etc.)

4. List specialized skills, knowledge, and abilities that should be considered to determine equivalency.

Signed: _____ Date: _____

Chaffey College

RECRUITMENT SURVEY

VOLUNTARY

(This document is not shown to those individuals making interview or hiring decisions, but is used for statistical information about the diversity of the Chaffey College staff.)

Name _____ Date _____

Position applied for _____
(If teaching, list subject area)

GENDER: Male Female

AGE: Over 40 years

DISABILITY: Yes No

If yes, can you perform all of the essential functions of the job with or without reasonable accommodations?

Yes No

If no, what kind of accommodations? _____

DEFINITION

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

ETHNICITY: Black (not of Hispanic origin)

(check one)

Hispanic

Filipino

White

Other White

American Indian / Alaskan Native

Asian

Chinese Laotian

Asian Indian Cambodian

Japanese Vietnamese

Korean Other Asian

Pacific Islander

Guamanian Samoan

Hawaiian Other Pacific Islander

How did you hear about this vacancy?

Newspaper (please specify) _____

Vacancy Notice (where posted) _____

Other (please specify) _____

Chaffey Web Site _____

Other Web Site (please specify) _____

Chaffey College

REFERENCE WAIVER

I, _____, understand that in connection with the application
(Print Name)
process, the Chaffey Community College District may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Chaffey Community College District regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the Chaffey Community College District in obtaining documents and information to confirm my background, I hereby consent to the release of information as described below.

I request, authorize, and consent to the release of information to the Chaffey Community College District regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Chaffey Community College District regarding my employment record, *including but not limited to*: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records, including any records which were sealed as part of a settlement; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Chaffey Community College District, regardless of any agreement, instructions or representation I may have made with you previously to the contrary. I further request, authorize and consent to the Chaffey Community College District's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Chaffey Community College District has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from employment.

I also waive any and all rights and claims I may have against Chaffey Community College, its employees, representatives or agents; former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that my directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended.

It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

Signed: _____ Date: _____

This authorization expires: _____