

OHLONE COMMUNITY COLLEGE DISTRICT  
EQUIVALENCY DOCUMENTATION FORM

FOR THE POSITION OF : \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

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 SUBMIT THIS SUPPLEMENT AS WELL AS ALL OTHER MATERIALS SPECIFIED UNDER APPLICATION PROCEDURE ON THE VACANCY ANNOUNCEMENT. REFERENCES TO RESUMES AND MATERIAL OTHER THAN OTHER ADDITIONAL SHEETS REQUIRED TO COMPLETE THIS FORM WILL NOT BE ACCEPTABLE.

1. List all academic preparation that should be considered to determine equivalency. Please be specific regarding the institution, course titles, units value and level of coursework (graduate, upper division, etc.) and to which degree(s) it is equivalent. Transcripts and copies of course descriptions should also be attached.
2. List all relevant professional/work experience (teaching and non-teaching) that should be considered to determine equivalency. Please give a detailed description of the detailed description of the duties performed.
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 performance/exhibitions honors/awards, etc.)
4. List specialized skills knowledge and abilities that should be considered to determine equivalency.
5. List relevant membership and/or organizational activities that should be considered to determine equivalency.
6. List the name, address and phone number of three (3) references who could attest to your education, experience and knowledge being equivalent to the three minimum qualifications

7. Please write a narrative synopsis (not to exceed one page) of your education and experience that illustrates possession of qualifications that are at least equivalent to the stated minimum qualifications.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING STATEMENTS ARE COMPLETE TRUE AND CORRECT, AND IF EMPLOYED, I UNDERSTAND THAT I MAY BE SUBJECT TO DISMISSIAL IF THEY ARE FOUND TO BE UNTRUE OR INCORRECT.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Equivalency/Word/jw  
3.13.01