



APPLICATION FOR CLASSIFIED EMPLOYMENT

1. POSITION _____
(Exact Title--Separate application required for each position)
2. NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) (MI) (Optional)
3. ADDRESS _____
(Number and Street) (City) (State) (Zip Code)
4. RESIDENCE TELEPHONE # _____ BUSINESS TELEPHONE _____
 CELL PHONE # _____ E-MAIL ADDRESS _____
(Indicate a phone number where you may be reached between 8:00 a.m. and 5:00 p.m. by checking the corresponding box)
5. Would you be available for temporary employment Yes No Available: Day Evening Weekend
6. If related to anyone currently employed by the District, please indicate name and department _____

7. EDUCATIONAL RECORD

Select Highest Grade Completed	Name of Last High School	Location of Last High School	Graduated?
6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University Name _____	How many _____	Degree Earned: _____	
	_____ Qtr. Units	Major: _____	
Location _____	_____ Sem. Units	Minor: _____	
College or University Name _____	How many _____	Degree Earned: _____	
	_____ Qtr. Units	Major: _____	
Location _____	_____ Sem. Units	Minor: _____	

List any other business, trade or special training (give location), license and registration certificates of professional or vocational competence.

8. Do you possess fluency in any language other than English? Yes No If yes, list below:
 Language _____ Speak Read Write Language _____ Speak Read Write
9. Do you possess a valid California Driver's License? Yes No
10. SKILLS INVENTORY (If applicable to job duties & requirements)
 Typing _____ wpm Shorthand _____ wpm Calculator Copy Machine
 Computer
 A) Hardware _____
 B) Software _____
 Other Skills/Office Machines (specify) _____
11. Have you, at any time in your life, been convicted in other than a juvenile court, of a felony or misdemeanor other than minor traffic violations?
 Yes No
 A criminal record does not constitute an automatic bar to employment, but will be considered in terms of the work to be performed.
 Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.
 If you answered yes to the above question, give date, city, offense and disposition:

Please complete both sides of this application pertaining to experience, education, and training. You may also attach a resume and other relevant documents. NOTE: Letters of recommendation will NOT be considered in the employment process

12. **EXPERIENCE:** Show MOST RECENT job FIRST. Use a separate block for each job title held. Show experience for the past ten (10) years. Explain gaps between periods of employment. Please keep in mind that your acceptance or rejection depends on the completeness and applicability of the information shown to the position for which you are applying. Complete entire form and attach resume, if available.

Write "Yes" or "No" May we contact your current place of employment? _____

From / MO./YR.	To / MO./YR.	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION			Full-Time <input type="checkbox"/>	Hrs. Per Wk.
Total Time Yrs.	Mos.	ADDRESS	City	ST	ZIP	SUPERVISOR'S NAME	SUPERVISOR'S PHONE
SALARY \$							

DUTIES

REASON FOR LEAVING

From / MO./YR.	To / MO./YR.	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION			Full-Time <input type="checkbox"/>	Hrs. Per Wk.
Total Time Yrs.	Mos.	ADDRESS	City	ST	ZIP	SUPERVISOR'S NAME	SUPERVISOR'S PHONE
SALARY \$							

DUTIES

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Total Time Yrs.	Mos.	ADDRESS	City	ST	ZIP	SUPERVISOR'S NAME	SUPERVISOR'S PHONE
SALARY \$							

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SALARY \$							

DUTIES

REASON FOR LEAVING

Please Note: If you wish to list more positions than spaces provided please submit an addendum with this application.

13. **Note:** If you are in need of special services (i.e. equipment) to interview for this opening, please call the Human Resources Department.

14. As a condition of employment you must: 1) swear or affirm allegiance to the United States and the State of California; 2) provide the District with a current Skin Test or X-Ray for Tuberculosis; 3) submit to a fingerprint report from an authorized law enforcement agency; 4) submit proof of age; 5) submit a birth certificate or proof of U.S. citizenship or proof of permanent resident alien status; 6) have a physical examination if required as a condition of employment; 7) present a social security card.

15. **Certificate of Applicant** – This is to inform you that as part of our procedure for processing your application, an investigative background report may be made through a personal interview with you and/or any third parties who may have information concerning you and/or a record search. The use of this application form does not indicate there are any positions open and does not in any way obligate the District to process your application and/or hire you. The application must be signed.

"I certify that the answers given by me to the foregoing questions and statements are true and correct. I agree that the District shall not be liable in any respect due to the falsification of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named to give any information regarding my employment. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. Further, I hereby authorize Ohlone College to thoroughly investigate my references, work record, education and other matters related to my suitability for employment."

When applying online, check the box to certify that the information provided is current and accurate.

(Signature)
THE OHLONE COMMUNITY COLLEGE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

(Date)

POSITION TITLE: _____

JOB ANNOUNCEMENT #: _____

- To Applicant: Section 1233 of the California Government Code permits school districts to solicit from applicants a voluntary declaration of their sex and racial/ethnic group membership. Information provided will assist the District in accurately measuring EEO. A separate file will be established for this information and none of the information will have bearing on your application:

SEX: Male Female

Disabled

Over 40

ETHNIC BACKGROUND

Please check one of the boxes below and circle as appropriate.

- Asian:** Chinese Indian Japanese Korean Laotian Cambodian Vietnamese Other Asian
- Hispanic:** Mexican Chicano Mexican-American Central American South American Other Hispanic
- Pacific Islander:** Samoan Hawaiian Guamanian Other Pacific Islander (i.e. Tahiti, Fiji, the Marshall Islands)
- Black Non-Hispanic**
- Filipino**
- American Indian/Alaskan Native**
- White Non-Hispanic**
- Decline to State**

NAME _____

(Please Print)

(Signature)

DATE: _____