

HUMAN RESOURCES DEPARTMENT USE ONLY (* If applicable) MQ's? Y N; Equivalency App.? Y N; Equivalency Approved? Y N
 Application Packet Complete?: Y N (Missing: _____)
 Interview(s) Date/Time*: Committee _____; Administrative _____
 Applicant Notification (Date/Initials)*: Incomplete/Late _____; No MQ's _____; Not selected for: I.V. _____; Finalist _____; Position _____



CLASSIFIED EMPLOYMENT APPLICATION

Human Resources Department
 1501 Mendocino Avenue, Santa Rosa, CA 95401
 Phone: 707/527-4954 • Fax: 707/527-4967 • www.santarosa.edu/hr
An Equal Employment Opportunity Employer

DATE

POSITION TITLE & DEPARTMENT

NAME

Last First M.I. Other Names Employed Under

ADDRESS

Street Address/P.O. Box City State Zip Code

HOME PHONE BUSINESS PHONE

CELL PHONE (if applicable) E-MAIL ADDRESS

- Type or print legibly
- All information will be verified
- Fill in completely ("See Resume" not acceptable)

EDUCATION/TRAINING/CREDENTIALS

NAME & LOCATION OF SCHOOL OR NAME OF CREDENTIAL <i>(May Attach Additional Pages As Necessary)</i>	DEGREES/CREDENTIAL	EXPIRATION OF CREDENTIALS (if applicable)	MAJOR(S)	MINOR(S)	TOTAL UNITS COMPLETED	GRADE POINT AVERAGE
HIGH SCHOOL						
COLLEGE						
COLLEGE						
VOCATIONAL/TECHNICAL OR OTHER TRAINING						

If you do not possess the minimum qualifications for this position, you must complete an Equivalency Application (attached).

HIGHEST LEVEL COMPLETED: (A) High School 9 10 11 12 GED (B) College 1 2 3 4

OTHER TRAINING AND SKILLS

KEYBOARDING SPEED: wpm 10-Key? Yes No

COMPUTING SKILLS: PC Macintosh PROGRAMS: _____

OTHER EQUIPMENT OR SKILLS RELATED TO THE POSITION:

PLEASE EXPLAIN HOW YOU ARE QUALIFIED TO UNDERSTAND AND BE SENSITIVE TO THE DIVERSE ACADEMIC, SOCIOECONOMIC, CULTURAL, DISABILITY AND ETHNIC BACKGROUNDS OF CALIFORNIA COMMUNITY COLLEGE STUDENTS (ATTACH ADDITIONAL PAGE(S) WITH RESPONSE OR INCLUDE IN YOUR COVER LETTER).

EXPERIENCE

Complete all items fully (please list current and previous employers); "See Resume" not acceptable

DATES (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME & PHONE NUMBER	POSITION TITLE AND DUTIES
From:			
To:			
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T		
REASON FOR LEAVING:			
From:			
To:			
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T		
REASON FOR LEAVING:			
From:			
To:			
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T		
REASON FOR LEAVING:			
From:			
To:			
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T		
REASON FOR LEAVING:			
From:			
To:			
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T		
REASON FOR LEAVING:			

- If you do not possess the minimum qualifications for this position, you must complete an Equivalency Application (attached).
- May attach additional pages if necessary.

REFERENCES

List three supervisors in your most recent professional positions (excluding relatives)

NAME/POSITION/ORGANIZATION	E-MAIL ADDRESS	TELEPHONE

This application is not a contract and cannot create a contract. I understand that acceptance of a position at Santa Rosa Junior College indicates willingness to accept an assignment at different District sites other than the primary site initially offered at the time of hire and that there may be the possibility of a change in schedule, depending on department need. If employed by the District, I agree to abide by its rules and regulations and disclose my social security number to be used for making mandatory tax and employment related reports and for internal college recordkeeping purposes before my assignment becomes effective, or compensation is possible (salary placement to be based on information included in application/resume and official transcripts). Further, I understand that my employment can be terminated as prescribed in the California Education Code. All information provided by me on this application, the contents of documents provided by me, and all statements which I make in any interview connected with this application, are true and complete to the best of my knowledge. I understand that any falsification of information is grounds for disqualification for or separation from employment. I also authorize the Sonoma County Junior College District to contact any and all of my present and previous employer(s) and other professional references to gather any information or to review any documents appropriate to determine my suitability for employment. I hereby release from liability all persons and organizations involved in furnishing or verifying such information. This document and any attachments will become part of a personnel file if hired by Santa Rosa Junior College.

Signature of Applicant

Date

APPLICANT'S NAME:

POSITION:

INSTRUCTIONS: The information requested below is required of all candidates who do not possess the stated minimum qualifications and are seeking consideration on the basis of equivalency. Candidates making application on the basis of equivalency shall submit this supplement as well as all other materials specified under "Application Procedures" on the job announcement. You may refer the reviewer of this application to specific documents included in your application packet for further details as long as you have completed the information as requested below and you state exactly where the information can be found in your packet (i.e. "see resume for further details" or "see application for further details", etc.). Your responses to this questionnaire must be typed or handwritten legibly. Please attach additional pages supporting your responses below.

THE PROCESS: Your completed application packet will be reviewed by the Human Resources Department (in consultation with the department where the vacancy exists, if applicable) to determine whether or not you possess the equivalent qualifications. If you are approved on the basis of equivalent qualifications, your application will then be forwarded to the Screening/Interviewing Committee to be considered for interview.

Please note: the completion of this application does not guarantee approval of equivalency and/or that your materials will be reviewed and considered by the department where the vacancy exists and/or that you will be guaranteed an interview.

Attach additional pages supporting your responses below.

- I am claiming equivalency because I do not possess the required: Education and/or Experience (please check one or both)
- Academic preparation** (if you are claiming equivalency because you do not possess the required Education, you must submit transcripts of any college-level coursework, regardless of whether you consider it relevant.) Please be specific regarding the institution, course titles, unit 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. **If degree is anticipated, please indicate date of expected confirmation.**

DEGREE:		TOTAL UNITS COMPLETED :	
DEGREE:		TOTAL UNITS COMPLETED :	
RELEVANT COURSEWORK:			
RELEVANT COURSEWORK:			

- Relevant professional/work experience** that should be considered to determine equivalency. Please attach a detailed description of the duties performed.

	Employer	Job Title	Dates of Employment	
(a)				<input type="checkbox"/> F/T <input type="checkbox"/> P/T
(b)				<input type="checkbox"/> F/T <input type="checkbox"/> P/T

TOTAL YEARS OF RELATED EXPERIENCE (full and part-time combined):

- 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.)
- Specialized skills, knowledge and abilities** that should be considered to determine equivalency.
- Relevant memberships and/or organizational activities** that should be considered to determine equivalency.
- 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 AND CONTENTS OF DOCUMENTS PROVIDED BY ME ARE COMPLETE, TRUE AND CORRECT, AND IF EMPLOYED, I UNDERSTAND THAT I MAY BE SUBJECT TO DISMISSAL IF THEY ARE FOUND TO BE UNTRUE OR INCORRECT. I ALSO UNDERSTAND THAT IT IS MY COMPLETE RESPONSIBILITY TO PROVIDE ALL INFORMATION NECESSARY TO BE CONSIDERED FOR EQUIVALENCY.

Signature _____ Date _____

This document and any attachments will become part of a Personnel File if hired by Santa Rosa Junior College.



PERSONAL DATA FORM
Human Resources Department

APPLICANT'S NAME:

APPLICANT'S SIGNATURE: _____ DATE:

Completion of this personal data is mandatory (your application will be considered incomplete without this form). This sheet will be separated from your application prior to review by the screening committee. This information will only be used for lawful reasons related to employment decisions made by the District.

[1] Do you have any relatives employed by the Sonoma County Junior College District? Yes No
 If yes please list names(s) and relationship:

[2] Are you a State Teacher's Retirement System (STRS) or Public Employee's Retirement System (PERS) retiree receiving a monthly benefit? Yes No

[3] Have you ever been dismissed or asked to resign from employment for misconduct or unsatisfactory service? Yes No
 If yes, please explain:

[4] Have you ever been convicted of any offense by any civilian or military court (a plea of nolo contendere is considered a conviction)? Yes No

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant. The following need not be reported: a) minor traffic violations for which the fine was \$100 or less; b) any offense which was finally settled in a juvenile court or under a welfare youth offender law; c) any incident that has been sealed under Welfare and Institutions Code #781 or Penal Code #1203.45; or d) any conviction specified in Health and Safety Code #11361.5. If you have no additional information to list, indicate "N/A" and sign and date the form.

DATE/CITY/STATE OF CONVICTION/ARREST(S)	SPECIFIC CHARGE OR CODE SECTIONS VIOLATED	DISPOSITION/RESULTS (Amount of fine, length of jail sentence, etc.)	ADDITIONAL COMMENTS

May attach additional pages as necessary.

Please be advised that being convicted of a criminal offense does not necessarily disqualify you for employment eligibility. However, conviction of a sexual offense or controlled substance offense as defined by Education Code sections 87010 and 87011 may automatically disqualify you as an employee. All employment selections shall be based upon job-related qualifications. Please contact the Human Resources Department at 707/527-4821 should you have any questions or concerns.

P L E A S E S E E R E V E R S E F O R V O L U N T A R Y D A T A S H E E T

Please complete the information requested below so that we may notify you of the status of the position or pool for which you are applying.

APPLICANT NOTIFICATION FORM

SANTA ROSA JUNIOR COLLEGE - Human Resources Department
Please print the information as indicated below and return this form with your application - notify us as soon as possible of any change in your address.

Title of position:

Name:

Street Address:

City/State: Zip Code:

HUMAN RESOURCES DEPARTMENT USE ONLY

Your application for employment has been received by the Human Resources Department.

- The committee has been forwarded your materials and you will get a response from us in 2-3 weeks.
- Your materials were received after the priority filing deadline, so they will be kept on file in the event that the initial screening is unsuccessful.
- The department does not have any immediate plans to begin the screening process, so your materials will be kept on file to be considered once the screening process begins.
- Please note that your application is missing the following documents, which will be required in order for you to be considered: _____
- Your application is not being considered further in the selection process for the following reason(s):
 - Your application was incomplete; missing: _____
 - You did not meet the minimum qualifications for the position or pool for which you applied.

Thank you for your interest in employment with SRJC!

- The information on this form is being solicited solely for the District to comply with State and Federal guidelines and regulations.
- **The information requested is voluntary. There is no penalty for refusing to complete this form.**
- The information requested shall be kept confidential. This questionnaire shall be separated from each employment application as soon as it is received by the District.
- The information requested shall **not** be used to discriminate against any individual in any employment decision made by the District.
- If you feel that you have been treated unfairly or discriminated against in any way because of race, color, religion, sex, ancestry, national origin, handicap, or age, please contact the **District Compliance Office at (707) 527-4303.**

1. SEX (please mark one box): Female Male

2. RACE/ETHNIC IDENTIFICATION (please mark one box):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Asian, Chinese (AC) | <input type="checkbox"/> Asian, Cambodian (AM) | <input type="checkbox"/> Hispanic (H) | <input type="checkbox"/> Pacific Islander, Samoan (PS) |
| <input type="checkbox"/> Asian, Indian (AI) | <input type="checkbox"/> Asian, Vietnamese (AV) | <input type="checkbox"/> American Indian/Alaskan (N) | <input type="checkbox"/> Pacific Islander, Other (PX) |
| <input type="checkbox"/> Asian, Japanese (AJ) | <input type="checkbox"/> Asian, Other (AX) | <input type="checkbox"/> Other Non-White (O) | <input type="checkbox"/> White (W) |
| <input type="checkbox"/> Asian, Korean (AK) | <input type="checkbox"/> Black (B) | <input type="checkbox"/> Pacific Islander, Guamanian (PG) | <input type="checkbox"/> Unknown (X) |
| <input type="checkbox"/> Asian, Laotian (AL) | <input type="checkbox"/> Filipino (F) | <input type="checkbox"/> Pacific Islander, Hawaiian (PH) | <input type="checkbox"/> Decline to State (XD) |

3. OTHER CATEGORIES (please mark all boxes that apply to you):

- Age - *all persons over 40 years of age.*
- Disability - *all persons having a physical or mental impairment, which substantially limits one or more major life activity; or having a record of such impairment; or regarded as having such an impairment.*

4. PLACE OF RESIDENCE (please mark one box):

- | | |
|--|---|
| <input type="checkbox"/> Sonoma County | <input type="checkbox"/> California (beyond the Bay Area) |
| <input type="checkbox"/> Other Bay Area County | <input type="checkbox"/> Outside California |

5. HOW DID YOU LEARN OF THIS POSITION OR POOL (please mark only one box below & circle if more than one option):

- | | |
|--|--|
| <input type="checkbox"/> Job Announcement | <input type="checkbox"/> Newspaper or Journal (Specify): |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Employment Agency/Placement Office (Specify): |
| <input type="checkbox"/> SRJC HR/Jobline/Website | <input type="checkbox"/> Professional Organization (Specify): |
| <input type="checkbox"/> Registry | <input type="checkbox"/> Internet (Specify): |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other (Specify): |

Thank you for completing this form. Your help is greatly appreciated.