



Employment Application

An Equal Opportunity Employer

NOTE: If you have difficulty completing this application, please see the receptionist. Please print and complete form.

PERSONAL INFORMATION			
Date / /	Last Name	First Name	Middle
Present Physical Address	No. & Street	City, State	Zip
Mailing Address	PO Box Number	City, State	Zip
Business Phone () -	Home Phone () -	Cell Phone () -	
Email Address			
DESIRED EMPLOYMENT			
Position applying for:			
How did you hear about SJVC?			
Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Temporary work, eg. substitution, summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Available: From _____ To _____		
What days and hours are you available for work? Check the days, enter hours.			
Days: <input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs
<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
Hours: From _____	From _____	From _____	From _____
To _____	To _____	To _____	To _____
Would you be available to work overtime, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary desired: \$_____per / <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	If hired, on what date can you start work? _____, ___/___/___		
OTHER INFORMATION			
Have you ever applied to or worked for San Joaquin Valley College before? If yes, when? ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, can you present evidence of US citizenship or proof of your legal right to live and work in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, describe the functions that cannot be performed.			
<p><i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</i></p>			

OTHER INFORMATION (CONT.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? <i>(Misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law need not be listed.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION, TRAINING & EXPERIENCE

School	Name, Address, City, State, & Zip	Did You Graduate?	Degree or Diploma Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma / GED
College/ University		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD
College/ University		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD
Vocational/ Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at San Joaquin Valley College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of license/certification:	
Issuing state:	License/certification number:
Has your license/certification ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

EMPLOYMENT HISTORY

List present and past positions starting with most recent employer. You must complete this section even if attaching a resume.

Name of Employer			Telephone No. () -		
Type of Business			Supervisor's Name		
Address & Street			City, State & Zip		
Dates of Employment	From:	To:	Pay Rate:	Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer			Telephone No. () -		
Type of Business			Supervisor's Name		
Address & Street			City, State & Zip		
Dates of Employment	From:	To:	Pay Rate:	Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer			Telephone No. () -		
Type of Business			Supervisor's Name		
Address & Street			City, State & Zip		
Dates of Employment	From:	To:	Pay Rate:	Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?					<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (CONT.)

Name of Employer			Telephone No. () -		
Type of Business			Supervisor's Name		
Address & Street			City, State & Zip		
Dates of Employment	From:	To:	Pay Rate:	Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain any gaps of employment greater than two months over the last five years (you may exclude any gaps due to a legally protected leave of absence or disability).					
Were you ever warned about or disciplined for harassment, fighting, assault, threats or related offenses? If so, please explain.					

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name		Last Name		Telephone No. () -	
Address & Street			City, State & Zip		
Occupation				No. of Years Acquainted	
First Name		Last Name		Telephone No. () -	
Address & Street			City, State & Zip		
Occupation				No. of Years Acquainted	
First Name		Last Name		Telephone No. () -	
Address & Street			City, State & Zip		
Occupation				No. of Years Acquainted	

Please read carefully, initial each paragraph, and print your name, date and sign below.

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment may be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize San Joaquin Valley College to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, schools/colleges and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and San Joaquin Valley College. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or San Joaquin Valley College, and that no promises or representations contrary to the foregoing are binding on San Joaquin Valley College unless made in writing and signed by me and the President of San Joaquin Valley College.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by San Joaquin Valley College, I am entitled to such public records obtained by the College unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Initials I understand and agree that if I am hired, any covered dispute I may have with SJVC, its supervisors and/or representatives and/or its employees arising out of or relating to my employment and/or its termination shall be subject to binding arbitration in accordance with SJVC's Employee Complaint Resolution and Arbitration Procedure. In exchange for this expedited and inexpensive method of dispute resolution, I agree to waive any right I may have to sue or to seek a jury trial over such disputes to the fullest extent allowed by law. I understand that if I prevail in arbitration, I may be awarded the same remedies that would have been available if my dispute had been heard in court.

Applicant's Printed Name

_____/_____/_____
Date

Applicant's Signature