Print Form

PERSONNEL COMMISSION
EMPLOYMENT APPLICATION
CLASSIFIED POSITION

Please print or type. Answer all questions – do not write "see resume."

POSITION FOR WHICH YOU ARE APPLYING:

_____Recruitment Number: _____

PERSONAL DATA

NAME: LAST FIRST M.I.	SOCIAL SECURITY NO.:
ADDRESS: (NO./STREET)	HOME PHONE: (AREA CODE/NO.)
CITY STATE ZIP CODE	BUSINESS PHONE: (AREA CODE/NO.)
IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO	CELL PHONE: (AREA CODE/NO.)
EMAIL ADDRESS:	MESSAGE PHONE: (AREA CODE/NO.)
TYPE OF WORK DESIRED: ☐ PERMANENT ☐ TEMPORARY	☐ FULL-TIME ☐ PART-TIME

HAVE YOU EVER BEEN EMPLOYED BY LONG BEACH COMMUNITY COLLEGE DISTRICT? ☐ YES ☐ NO

JOB TITLE: FROM: TO:

AS A PUBLIC EDUCATIONAL INSTITUTION, LBCCD HAS A LEGAL RESPONSIBILITY TO INSURE COMPLIANCE WITH VARIOUS LAWS, INCLUDING CONFLICT OF INTEREST PERTAINING TO IMMEDIATE FAMILY MEMBERS BEING SUPERVISED BY OTHER FAMILY MEMBERS. PERSONNEL COMMISSION RULES & REGULATIONS (CHAPTER 7.1.D) AND BOARD OF TRUSTEES ADMINISTRATIVE REGULATIONS 3019 REQUIRE DISCLOSURE OF THE FOLLOWING:

DO YOU HAVE ANY RELATIVES (BY BLOOD OR MARRIAGE) OR RESIDE IN THE SAME HOUSEHOLD AS A CURRENT LBCC EMPLOYEE? ☐ YES ☐ NO IF YES, GIVE NAME, POSITION, RELATIONSHIP:

HAVE YOU EVER BEEN DISCHARGED FROM A POSITION OR ASKED TO RESIGN UNDER THE THREAT OF DISCHARGE?

IF YES, PLEASE EXPLAIN UNDER "REMARKS" AT THE END OF THIS FORM. ☐ YES ☐ NO

DRIVER'S LICENSE (If required by position) NUMBER EXPIRATION DATE STATE

MILITARY RECORD: DATES OF SERVICE: BRANCH: RANK:

IF YOU ARE A U.S. VETERAN AND WANT TO OBTAIN VETERAN PREFERENCE CREDIT, YOU MUST PRESENT EVIDENCE OF HONORABLE ACTIVE SERVICE (DD-214) SHOWING SERVICE FOR 30 DAYS OR MORE DURING TIME OF WAR OR CONFLICT. **MUST BE SUBMITTED WITH APPLICATION**.

EDUCATION

INDICATE LAST GRADE COMPLETED	DID YOU GRADUATE? ☐ YES ☐ NO	GED OR EQUIVALENCY? ☐ YES ☐ NO			
NAME & LOCATION OF COLLEGE, UNIVERSITY, BUSINESS, TRADE SCHOOL	COURSE OF STUDY	CREDITS QTR	CREDITS SEM	DEGREE OR CERT?	GRADUATE?
					☐YES ☐NO
					☐YES ☐NO
					☐YES ☐NO
					☐YES ☐NO

SPECIAL SKILLS (If applicable)

TYPING SPEED:	OTHER SKILLS, LICENSES, and CERTIFICATES: Be sure to list any skills pertinent to position you are applying for.	LIST ANY OFFICE MACHINES YOU OPERATE:
SHORTHAND SPEED:		
LANGUAGE SKILL (Other than English):		

EXPERIENCE DO NOT SUBSTITUTE A RESUME

***Read experience requirements in job announcement before completing this section*. Begin with your most recent job. List all jobs and any periods of unemployment in last ten years, including any military service. List any jobs held more than ten years ago, which relate to duties of job for which you are applying. Include number of hours per week that you worked. List any volunteer experience, which relates to the job for which you are applying.**

DATES	EMPLOYERS	DUTIES	
From (Mo. & Yr.)	Name of Present or Last Employer	Your Title	No. Employees Supervised
To (Mo. & Yr.)	Address	Duties	
Hours Per Week	City/State/Zip Code		
Highest Monthly Salary $	Immediate Supervisor's Name Telephone	May we contact employer? ☐ YES ☐ NO Reason for Leaving	
From (Mo. & Yr.)	Name of Present or Last Employer	Your Title	No. Employees Supervised
To (Mo. & Yr.)	Address	Duties	
Hours Per Week	City/State/Zip Code		
Highest Monthly Salary $	Immediate Supervisor's Name Telephone	May we contact employer? ☐ YES ☐ NO Reason for Leaving	
From (Mo. & Yr.)	Name of Present or Last Employer	Your Title	No. Employees Supervised
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Highest Monthly Salary $	Immediate Supervisor's Name Telephone	May we contact employer? ☐ YES ☐ NO Reason for Leaving	
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Hours Per Week	City/State/Zip Code		
Highest Monthly Salary $	Immediate Supervisor's Name Telephone	May we contact employer? ☐ YES ☐ NO Reason for Leaving	

ADDITIONAL REMARKS:_____

CERTIFICATION OF APPLICANT: I certify that the statements on this application are true and complete to the best of my knowledge and belief and that any false statements or incomplete information will subject me to disqualification or dismissal from employment with the District. I also understand that before my employment becomes effective, verification of minimum qualifications and documentation verifying my legal right to work in the United States must be filed in the Human Resources Office of the Long Beach Community College District. Upon accepting the position, I agree to have a physical examination performed by the district physician certifying that I am physically qualified to perform the essential functions of this position.

_____ _____

Date Signature of Applicant

EQUAL OPPORTUNITY POLICY

Long Beach Community College District is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race, religious creed, color, national origin, ancestry, gender, sexual orientation, age (over 40), disability, marital status, medical condition or disability (including AIDS), other protected classes, or obligations to the National Guard or Reserve forces of the United States.