Print Form

PERSONNEL COMMISSION

LONG BEACH COMMUNITY COLLEGE DISTRICT
4901 East Carson Street
Long Beach, California 90808-1780
(562) 938-4393

SUPPLEMENTAL APPLICATION FOR

_____
name of position

Name: _____ Address: _____
(Last) (First) (MI) (Number) (Street) (Apt)

_____ _____
(Phone) (City) (State) (Zip)

IMPORTANT INFORMATION & INSTRUCTIONS

This supplemental application has been designed to allow you the opportunity to provide a more detailed description of your knowledge, skills, abilities, background, training and experience as related to the position. Answer the questions in each supplemental section shown on the online job listing on a new sheet of paper. Complete each section fully. For each section, write only the name of the position you are applying for and the numbers of the questions that you answer in that section (you don't have to duplicate the entire questions on your supplemental). Do **NOT** include your name on the supplemental application. **You are limited to a maximum of one 8 1/2" x 11" sheet for each section. No more than one page per section will be permitted in the examination process**.

Both the standard application form and this supplemental are REQUIRED of all applicants for this position, and must be filed in the Personnel Commission office by the final filing time and date indicated on the job announcement. ***E-MAIL, FAXES AND POSTMARKS WILL NOT BE ACCEPTED.***

As you complete this supplemental application, be aware that you are competing in the first phase of the examination process. It is your responsibility to assure that **all** information you deem important to your candidacy is included in this supplemental application. The application must be typed or legibly printed. Resume or referral to a resume in lieu of a response on an application area is not acceptable. Applicants submitting an illegible or incomplete application will be disqualified from consideration.

CERTIFICATION

I hereby certify that all statements made in this supplemental application are true and complete to the best of my knowledge, and that any misstatement of material facts will subject me to disqualification or dismissal.

SIGNATURE OF APPLICANT: _____

DATE: _____