



APPLICATION FOR CLASSIFIED EMPLOYMENT

Pasadena Area Community College District

Office of Human Resources — C204
1570 East Colorado Blvd., Pasadena, CA 91106-2003
Telephone: 626.585.7388
http://www.pasadena.edu

JOB NO.

POSITION TITLE

Name (Print or type) _____
Last First Middle Home Phone () _____
Area Code

Address _____
Number Street City State Zip Code Business Phone () _____
Area Code

Please complete all sections of the application. Although resumes will be accepted and evaluated, this application form must be completed *totally* if the application is to be considered valid. Please print "N.A." on any section that is not applicable. Message Phone () _____
Area Code

E-mail _____

High School Graduate Yes No Valid California Driver License Number _____ List any trade or technical licenses you hold _____

EDUCATION

Name and location of colleges, universities, trade, technical, or business schools attended	Total Semester Units	Indicate Degree or Certificate Granted	Major Subjects or Course of Study

IMPORTANT: IF YOU HAVE BEEN CONVICTED OF AN OFFENSE, OTHER THAN MINOR TRAFFIC VIOLATIONS, YOU MUST COMPLETE FORM NO. 10 AVAILABLE IN HUMAN RESOURCES. FAILURE TO DO SO IS CAUSE FOR DISMISSAL. A CONVICTION RECORD DOES NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT WITH THE DISTRICT.

Request for Equivalency

If you do not possess the stated minimum qualifications listed for this position, please provide the information necessary to make a determination that you have qualifications that are equivalent to the minimum qualifications as stated in the job announcement. Please indicate under which category of equivalency you are applying and specify how your qualifications are equivalent to the minimum qualifications. (Additional pages may be attached.)

- Equivalent Education _____
- Equivalent Experience _____
- Other _____

FULL-TIME EMPLOYMENT HISTORY: List most recent employer first. **Attach additional sheets as needed.**

Part-time employment information may also be attached but must be clearly indicated as part-time. **Do not list on this sheet.**

Firm Name _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Salary _____
Street Address _____	Title _____
City & State _____ Zip _____	Duties _____
Telephone () _____	
Supervisor's Name _____	
Supervisor's Title _____	Reason for Leaving _____

Firm Name _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Salary _____
Street Address _____	Title _____
City & State _____ Zip _____	Duties _____
Telephone () _____	
Supervisor's Name _____	
Supervisor's Title _____	Reason for Leaving _____

Firm Name _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Salary _____
Street Address _____	Title _____
City & State _____ Zip _____	Duties _____
Telephone () _____	
Supervisor's Name _____	
Supervisor's Title _____	Reason for Leaving _____

IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? Yes No **MAY WE CONTACT PREVIOUS EMPLOYERS?** Yes No

ADDITIONAL QUALIFICATIONS: List special courses, training, machines or equipment you can operate. _____

Are there any reasons you may have difficulty in performing any of the essential duties of the job for which you have applied? Yes No

If yes, please explain: _____

If hired, can you provide verification of your eligibility to work in the United States? Yes No

I certify that the information I have provided in applying for this job is true and complete to the best of my knowledge and belief. I give Pasadena Area Community College District and its authorized agents permission to verify and/or disclose any information given in connection with this application for personnel/employment purposes. I further authorize any persons and/or organization identified on this form to provide information regarding previous employment or information regarding this application and release them from liability for providing such information. I acknowledge that any misstatement or omission in the application materials may be cause for elimination from further consideration or dismissal if hired. I hereby authorize any and all persons and agencies to furnish to Pasadena Area Community College District any information, including documents in my personnel file, which may be necessary to verify this application and any other materials submitted, and hereby waive any rights of privacy to the information or documents which I may have under any federal, state, or local law, ordinance or rule. I also understand that an incomplete application packet may delay or prevent opportunities with the Pasadena Area Community College District.

I understand that the Immigration Reform and Control Act of 1986 requires the District to obtain original documentation from every individual who is employed which verifies identity and authorizes employment in the United States.

This application and all supporting documents become the property of the Pasadena Area Community College District and will not be released or returned.

Signature _____ Date _____
(Application will not be complete without signature and date.)