



Human Resources &  
Equal Employment Opportunity  
411 Central Avenue  
Salinas, California 93901  
(831) 755-6706

# Application for Adjunct (Part-time) Faculty Positions

## General Information

Position applied for			
Do you meet minimum qualifications for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered <b>no</b> , you must submit an Equivalency Determination Form.		

## Personal Information

Name				
	Last	First	Middle	Other Name(s) Used: ↑
Present Address				
	Number and Street		City	State      Zip
Telephone (Day)	(   )	-	E-Mail Address ↓	
Telephone (Evening)	(   )	-		

## Education (List in reverse chronological order)

Name of Institution	Location City/State	Diploma Degree Received	Major	Total Units Completed	
				Semester	Quarter
Total number of semester/quarter units completed after receipt of bachelor's degree					
Total number of semester/quarter units earned after master's degree					

## California Community College Credentials

Type of Credential	Authorized Subjects	Expiration Date

## Other Professional Credentials, Certificates and Licenses

Type Presently Held	ID Number	Expiration Date

## Teaching Preparation Indicate in order of preference the subjects you are prepared to teach according to your qualifications.

1.		2.	
3.		4.	

**Employment History** List your occupational and teaching experience for the last 15 years, listing most recent employment first. Provide your complete employment history **even if you attach a resume**. If you had more than one position with the same employer, list each position separately. If more space is needed, continue on a blank sheet of paper using the same format. Please explain gaps in employment.

Position/Title				Employer			
Supervisor				Title			
Address	Number and Street			City	State	ZIP	
						-	
Telephone	( )	-		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
Start Date	End Date		Salary Earned		per		
Duties or Subjects Taught							
If instructional position, number of credits taught/year				<input type="checkbox"/> Semester		<input type="checkbox"/> Quarter	
Reason for leaving							
Position/Title				Employer			
Supervisor				Title			
Address	Number and Street			City	State	ZIP	
						-	
Telephone	( )	-		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
Start Date	End Date		Salary Earned		per		
Duties or Subjects Taught							
If instructional position, number of credits taught/year				<input type="checkbox"/> Semester		<input type="checkbox"/> Quarter	
Reason for leaving							
Position/Title				Employer			
Supervisor				Title			
Address	Number and Street			City	State	ZIP	
						-	
Telephone	( )	-		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
Start Date	End Date		Salary Earned		per		
Duties or Subjects Taught							
If instructional position, number of credits taught/year				<input type="checkbox"/> Semester		<input type="checkbox"/> Quarter	
Reason for leaving							
Position/Title				Employer			
Supervisor				Title			
Address	Number and Street			City	State	ZIP	
						-	
Telephone	( )	-		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
Start Date	End Date		Salary Earned		per		
Duties or Subjects Taught							
If instructional position, number of credits taught/year				<input type="checkbox"/> Semester		<input type="checkbox"/> Quarter	
Reason for leaving							
During the selection process, we may conduct reference checks with employers and supervisors listed above as well as others. If you do not want a certain employer or supervisor contacted initially, indicate <b>who</b> and <b>why</b> .							

**Professional References**

List persons who can critically assess your work **qualifications** and job performance.

Name		Name	
Position		Position	
Company/Organization		Company/Organization	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Telephone	( ) -	Telephone	( ) -
Name		Name	
Position		Position	
Company/Organization		Company/Organization	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Telephone	( ) -	Telephone	( ) -

**Foreign Languages**

Speak		Write	
Read		Fluency	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

**List professional trade, business, or civic activities and offices held**

You may exclude those, which indicate race, color, religion, national origin, veteran status, ancestry, sex, sexual orientation, age, or disability.

Organization	
Activities	
Organization	
Activities	
Organization	
Activities	
Organization	
Activities	

**Provide any additional data that will assist in the evaluation of your application**

**Diversity Statement**

On a separate sheet of paper or in the space below, provide a statement about yourself that specifically demonstrates sensitivity to the needs of the diverse academic, socioeconomic, cultural, disability and ethnic backgrounds of community college students and the community at large. Your response is limited to one (1) page.

**DO NOT LEAVE THIS SPACE BLANK!**

**General Information**

		Yes	No
<ul style="list-style-type: none"> <li>Are you able, upon employment, to submit verification that you are a United States citizen or are eligible to work in the United States: The Immigration Reform and Control Act of 1986 requires the College to obtain original documentation from every employee which verifies identity and authorizes employment in the United States.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? (Having a criminal record does not necessarily disqualify you for employment. Each case is given individual consideration, based on job-related criteria. Attach additional pages to record the necessary information. If yes, please note the date and place of each offense, the specific charge, the date and place of conviction, or plea, the fine or sentence received or the diversion program entered. You may omit any offense for which the only punishment imposed was a fine of less than \$100. <i>Any offense for which you were convicted for which the punishment was a fine in excess of \$100, which required serving a jail or prison sentence, or which required probation MUST be reported.</i></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? If "yes" explain below.* A yes answer will not automatically preclude you from employment consideration.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The College is hereby authorized to contact my <b>present</b> employer.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The College is hereby authorized to contact my <b>past</b> employers.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The College is hereby authorized to contact other references. Any exceptions have been noted on page 2.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Have you ever been employed by or does the College currently employ you?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
Date of Employment			
Position(s)			
Area / Lab / Department			
<ul style="list-style-type: none"> <li>Does the College employ a relative of yours? If "yes" give name and relationship below.*</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
*Remarks/Explanations: (Add additional pages as needed.)			

**Certification and Agreement of Applicant** *Please read carefully before signing.*

This application and all supporting documents become the property of the Community College District to which I have applied and will not be returned.

**Certification:** I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my dismissal from employment with the Community College District to which I have applied.

I authorize the District to investigate my references, work record, education, performance evaluations or any other matters relating to my suitability for employment. I authorize and direct my former or current employers and educational institutions to release to the District any information they may have concerning my employment or education. I also authorize the District to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties listed above from any and all liability related to this process of supplying or gathering any information about my suitability for employment.

I also understand that an incomplete application may delay or prevent employment opportunities with the College(s). I hereby release the Colleges checked on page 1, as well as those contacted by the College(s) from any liability or damage which may result from providing or using the information requested.

Today's Date →	
Print your Name →	
*Applicant's Signature →	
*Original signature is required on application submitted to each College.	

