



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

# Application for Superintendent/President

## 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)	( )	–				

## Higher Education: (List in reverse chronological order)

Name of Institution	Location City/State	Degree Conferred	Major (as listed on transcript)	Total Units Completed	
				Semester	Quarter

## Professional Credentials, Certificates and Licenses:

Type	Issuing Agency	Expiration Date

## Foreign Language Skills

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

**Employment History: (List in reverse chronological order)** List your employment experience for the last 15 years. Provide your complete employment history **even if you attach a resume**. List each position with the same employer 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				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor				
Title			Telephone	( ) -
Duties				
Reason for leaving				

Position Title				
Employer				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor				
Title			Telephone	( ) -
Duties				
Reason for leaving				

Position Title				
Employer				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor				
Title			Telephone	( ) -
Duties				
Reason for leaving				

Position Title				
Employer				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor				
Title			Telephone	( ) -
Duties				
Reason for leaving				

### Employment History: Continued

Position Title				
Employer				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Supervisor				
Title	Telephone		( ) -	
Duties				
Reason for leaving				

Position Title				
Employer				
Employer Address				
	Number and Street	City	State	ZIP
Start Date	End Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Supervisor				
Title	Telephone		( ) -	
Duties				
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 **whom** and **why** below..

### 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	

**Diversity Statement:**

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.

**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"/>
<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.)		

**Application Materials Submitted:** Refer to Recruitment Brochure for required application materials

- Letter of Application
- Current Resume
- List of Professional References
- Transcripts

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

This application and all supporting documents become the property of the Hartnell Community College District and will not be returned.

**Certification:** I hereby certify that all statements made on this application and any attachments or other application materials submitted 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 Hartnell Community College District.

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 District. I hereby release the District, as well as those contacted by the District from any liability or damage which may result from providing or using the information requested.

Today's Date →	
Print your Name →	
*Applicant's Signature →	

## Demographic Survey (Confidential)

As an equal opportunity employer, we are required to compile summary data on applicants for employment. We are requesting your assistance in providing the information below. Please return this form with your application. The completion of this questionnaire is voluntary on your part. The form will be kept confidential and separate from all hiring documents and will not be forwarded to the colleges/departments making employment decisions.

Name:		Date:	
Position applied for:	Superintendent/President		

<b>Personal:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	Over 40 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need any accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Human Resource Office for services.</i>	*As defined in the Americans with Disabilities Act of 1990, a disabled person is one who: (1) Has a physical or mental impairment which substantially limits one or more major life activities; (2) Has a record of such an impairment; or (3) Is regarded as having such impairment.

<b>Heritage:</b>	<input type="checkbox"/> <b>Asian or Pacific Islander, excluding Filipino:</b> All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands.
	<input type="checkbox"/> <b>Black/African-American:</b> (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> <b>Filipino:</b> All persons having origins in any of the original people of the Philippine Islands
	<input type="checkbox"/> <b>Native American:</b> All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
	<input type="checkbox"/> <b>Hispanic</b> (Chicano/Latino/Mexican American): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
	<input type="checkbox"/> <b>White/Caucasian</b> (not of Hispanic origin): All persons having origins in any of the original people in Europe, the Indian Subcontinent, or the Middle East.
	<input type="checkbox"/> <b>Other foreign national</b> (please specify):
	<input type="checkbox"/> <b>Decline to state</b>

<b>Status:</b>	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran
----------------	---

<b>Recruitment Information:</b> How did you hear about this position?
<input type="checkbox"/> California Community Colleges Registry <input type="checkbox"/> Internet Job Posting (please specify URL) <input type="checkbox"/> Hartnell Website <input type="checkbox"/> Journal or other publication (please identify) <input type="checkbox"/> Newspaper (please identify) <input type="checkbox"/> Unsolicited Brochure Received in Mail <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> Referral <input type="checkbox"/> Other (please indicate source)

We appreciate your assistance in providing statistics to help us improve our recruitment efforts.

I decline to complete this form

\_\_\_\_\_  
Signature