



HARTNELLCOLLEGE

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

APPLICATION FOR ADJUNCT (PART-TIME) FACULTY POSITIONS

**Note: Please do not print double-sided.
Submit official transcripts with the application.**

General Information

Position applied for			
Do you meet minimum qualifications for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no , 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					
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					
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					
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					
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 **who** and **why**.

Professional ReferencesList 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

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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"> Are you able, upon employment, to submit verification that you are a United States citizen or are eligible to work in the United States? <i>The Immigration Reform and Control Act (IRCA) requires the College to obtain original documentation from every employee which verifies identity and authorizes employment in the United States.</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? If "yes" explain below.* <i>A yes answer will not automatically preclude you from employment consideration.</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Does the College employ a relative of yours? If "yes" give name and relationship below.* <i>College policy prohibits the employment of relatives (by blood, marriage, adoption, etc.) when such employment would cause one relative to be in a position in which he/she could influence the fiscal or personnel status of the other.</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The College is hereby authorized to contact my present employer. Exception(s) made below.* 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The College is hereby authorized to contact my past employers. Exception(s) made below.* 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The College is hereby authorized to contact other references. 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have you ever been employed by or does the College currently employ you? 		<input type="checkbox"/>	<input type="checkbox"/>
Dates of Employment			
Position(s)			
Area / Lab / Department			
*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 Hartnell Community College District ("the District") 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 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 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 that may result from providing or using the information requested.

Today's Date	
Print your Name	
Signature	

The following information will be helpful for Hartnell Community College in evaluating its hiring practices and in preparing reports requested by law for the State and Federal Government. The information will be confidential. This form will not be a part of your application file and will not be seen by anyone involved in the selection process. Your cooperation by providing the information on a **voluntary** basis will be appreciated.

Name:		Date:	
Position applied for:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Personal:	<input type="checkbox"/> Male <input type="checkbox"/> Female	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 phone number provided on Page 1 of this application.</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 an impairment.

Race/Ethnicity.	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>What is your Race/Ethnicity? (Check one or more)</i>		
	<input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> American-Indian/Alaskan <input type="checkbox"/> Asian Cambodian <input type="checkbox"/> Asian Chinese <input type="checkbox"/> Asian Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Japanese <input type="checkbox"/> Asian Hawaiian <input type="checkbox"/> Asian Korean <input type="checkbox"/> Asian Laotian <input type="checkbox"/> Asian Other	<input type="checkbox"/> Asian Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Central American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Pacific Islander Guamanian <input type="checkbox"/> Pacific Islander Hawaiian <input type="checkbox"/> Pacific Islander Other <input type="checkbox"/> Pacific Islander Samoan <input type="checkbox"/> South American <input type="checkbox"/> White – Non-Hispanic	

Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran
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Recruitment Information:	How did you hear about this position/job?
<input type="checkbox"/> Visit to Hartnell's HR Office <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> EDD/CalJobs	<input type="checkbox"/> Hartnell's website <input type="checkbox"/> Graduate department <input type="checkbox"/> District Employee
<input type="checkbox"/> Ad in Local Publication/Newspaper (please identify) _____ <input type="checkbox"/> Internet (please specify Web address/URL) _____ <input type="checkbox"/> Chancellor's Registry _____ <input type="checkbox"/> Professional Organization (please identify) _____ <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