



HARTNELL COLLEGE

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

APPLICATION FOR PROFESSIONAL EXPERT POSITION

Position applied for

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)

Did you graduate from high school or do you possess a GED or equivalent?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, enter the highest grade you completed →
Name of Institution	Location City/State	Diploma/ Degree Received	Major	

Special Skills, Certifications or Licenses related to position applied for

Hartnell College encourages a diverse pool of applicants and does not discriminate on the basis of race, color, national origin, ancestry, sex, age, religion, marital status, physical or mental disability, or sexual orientation in any of the District's policies, or procedures. The college encourages applications from all qualified applicants.

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	