

Dates Of Employment From To Mo/Yr Mo/Yr		Status FT PT		Hours Per Week	Job Title
					Duties
Company Name, Address and Telephone Number					
Supervisor's Name, Title and Telephone Number					Reason for Leaving

Other Training/Certificates/Licenses: (include issuance dates)	List Job Skills/Computer Skills

Provide any experience and training you possess which demonstrates your sensitivity to and understanding of the diverse academic, socioeconomic, cultural, disability, and ethnic backgrounds of community college students.

GENERAL QUESTIONS: [Complete in Entirety]

YES NO

1. Can you, after employment, submit verification of your legal right to work in the United States? Upon employment you will be required to present documentation of your eligibility to work in the United States and to attest to your work eligibility. To be eligible for work in the U.S., you must be able to prove, that you are a) lawfully admitted for permanent residence or b) authorized by the Immigration and Nationality Act or by the U.S. Attorney General to be employed. *The District will not sponsor any visa applications.*

2. Are you willing to sign the loyalty oath supporting the Constitution of the U.S. and State of California? If no please explain *on a separate piece of paper.*

3. Have you ever had a credential suspended or revoked? If "yes," please explain *on a separate piece of paper.*

4. A. Have you ever been convicted of any criminal offense? If "yes," please explain *on a separate piece of paper.*

B. In addition, Labor Code section 432.7 allows an employer to ask: Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial? If "yes," please explain *on a separate piece of paper.*

5. Have you ever been dismissed from employment for misconduct or unsatisfactory service? If yes, please explain *on a separate piece of paper.*

6. Do you have relatives currently employed by the District? If yes, please list their name and campus location.

Name _____

College _____

Relationship _____

Department _____

CERTIFICATION OF APPLICANT (READ BEFORE SIGNING)

I authorize any representative of West Valley-Mission Community College to thoroughly investigate my background, including, but not limited to, my references, educational record work experience, and/or disciplinary information. I release the college, its agents and all other persons and entities from any and all liability for damage that may result to me on account of their compliance with this authorization. If employed, I understand that any untrue statements on this application may be grounds for dismissal.

Signature: _____

Date: _____

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.