

**DISTRICT OFFICE**

500 Court Street,
Martinez, CA 94553
(925) 229-1000
www.4cd.edu

**CONTRA COSTA COLLEGE**

2600 Mission Bell Drive
San Pablo, CA 94806
(510) 235-7800
www.contracosta.edu

**DIABLO VALLEY COLLEGE**

321 Golf Club Road,
Pleasant Hill, CA 94523
(925) 685-1230
www.dvc.edu

**LOS MEDANOS COLLEGE**

2700 East Leland Road
Pittsburg, CA 94565
(925) 439-2181
www.losmedanos.edu

APPLICATION FOR EMPLOYMENT

Classified and Academic Personnel

The filing of the application and the acceptance thereof does not indicate that there are positions open and it in no way obligates the Contra Costa Community College District to extend an offer of employment. The information contained herein will be considered confidential and is, together with attachments, the property of the District. A separate application is required for each position. To determine if a supplemental questionnaire is required, please check the job announcement. An incomplete application packet may disqualify an applicant.

TITLE OF POSITION FOR WHICH APPLYING:

AT WHICH LOCATION?

- ☐ Contra Costa College ☐ District Office
☐ Diablo Valley College ☐ Brentwood Center
☐ Los Medanos College ☐ San Ramon Campus

PLEASE TYPE OR PRINT IN INK

- E-Mail Address
 - Last Name

First Name

Middle
 - Street Address, Apt No.

City

State/Zip Code
 - Home Telephone

Cellular Telephone

Business Telephone
 - Can you fluently read or write in any language other than English? If so, please specify. (Optional)
6. List licenses, certificates and/or registrations required for this job (Driver's License, Post Basic Certificate, etc.):

Title:	Date Issued:	Date Expires:	Number:
7. EDUCATION: Check appropriate box if you possess one of the following:

☐ High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate

Give highest grade or educational level achieved:

Names of Colleges/Universities Attended	Dates Attended	Course of Study/Major	Degree Awarded	Units Completed		Degree Type	Date Degree Requirement Completed
				Semester	Quarter		
			<input type="radio"/> Yes <input type="radio"/> No				
			<input type="radio"/> Yes <input type="radio"/> No				
			<input type="radio"/> Yes <input type="radio"/> No				
Other School/Training Completed			Hours Completed		Certificate Awarded		

8. **THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY.** Begin with present or most recent experience and account for ALL time during the past 10 years and any directly related experience that you wish to include. Use additional sheets if necessary. List self-employment and periods of unemployment in excess of six months separately. You may list each promotion as a separate job or describe it in an attachment. This section must be completed even though a resume may be attached.

Dates		Employer	Title:
From		Name:	Duties performed:
To		Address:	
Total			
YRS.	MOS.	Telephone:	
<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Hourly <input type="radio"/> Volunteer		Hrs. per week:	
		Supervisor:	Reason for leaving:

Dates		Employer	Title:
From		Name:	Duties performed:
To		Address:	
Total			
YRS.	MOS.	Telephone:	
<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Hourly <input type="radio"/> Volunteer		Hrs. per week:	
		Supervisor:	Reason for leaving:

Dates		Employer	Title:
From		Name:	Duties performed:
To		Address:	
Total			
YRS.	MOS.	Telephone:	
<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Hourly <input type="radio"/> Volunteer		Hrs. per week:	
		Supervisor:	Reason for leaving:

9. **REFERENCES:** List three references, other than relatives, and including at least one previous supervisor, willing to make recommendations regarding your qualifications for the position for which you are applying.

Name	Address	Occupation	Telephone
a)			
b)			
c)			

10. **REMARKS:**

11. Are you currently employed by the Contra Costa Community College District? OYes ONo
(Please note that employment by the Contra Costa Community College District includes Sabbaticals or leaves of absence).
If "Yes," list job title and college or location. _____
Are you related to any Contra Costa College District employee(s)? OYes ONo
If "Yes", list name(s) and relationship(s). _____

12. I authorize the employers and educational institutions identified in this employment application to release any OYes ONo
information they have concerning my employment to the Contra Costa Community College District.
May we contact your present employer? OYes ONo

13. Have you ever been convicted of any offense by a civilian or military court? OYes ONo
If yes, please note below the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received (or you may list all offenses on a separate sheet of paper showing the locations, nature and disposition of each offense, and then sign, date and staple the sheet to this application). The following need not be reported: (1) minor traffic violations for which the fine was \$250 or less; (2) Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated (for example, juvenile offense records sealed pursuant to Welfare & Institutions Code § 389, Penal Code § 851.7 or 1203.45); (3) Any misdemeanor conviction for which probation has been successfully completed and the case judicially dismissed pursuant to Penal Code § 1203.4; (4) Any conviction for a marijuana-related offense under various provisions of the California Health and Safety Code which are specified in Labor Code § 432.8 which occurred more than two years prior to the date of application.

Please be advised that being convicted of any criminal offense, felony, misdemeanor, or citation does not necessarily disqualify you for employment eligibility although you may be asked for further information. All employment selections shall be based upon job-related qualifications. Please contact the Associate Vice Chancellor of Human Resources at (925) 229-1000 should you have any questions or concerns.

14. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment OYes ONo
within the last ten years?
If yes, give name and address of employer, reason for each release and dates of employment. If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.

- ☐ I acknowledge that should I be offered employment with the Contra Costa Community College District, I will be required to complete a Tuberculosis Risk Assessment and/or Examination and I will be required to submit State and Federal fingerprint cards.
- ☐ I further acknowledge that if I am not a United States citizen, I will be required to submit proof of my legal right to work in the United States upon employment with the District.
- ☐ I CERTIFY that the statements made by me in this application and the related pre-employment questionnaire are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree misstatements/omissions of material fact will cause forfeiture of my rights, or dismissal from a position of employment by Contra Costa Community College District.

DATE

SIGNATURE OF APPLICANT

It is the District's policy to ensure that all qualified applicants for employment and employees have full and equal access to employment opportunity, and are not subjected to discrimination in any program or activity of the District on the basis of ethnic group identity, race, color, ancestry, religion, marital status, sex, national origin, gender, gender identity, gender expression, age, sexual orientation, physical or mental disability, medical condition, genetic information, veteran status, parental status, citizenship or because an individual is perceived to have one or more of these characteristics or based on association with a person or group with one or more of these actual or perceived characteristics.

Contra Costa Community College District

PRE-EMPLOYMENT INFORMATION

This information will be separated from the employment application prior to review. The information requested herein is voluntary.

The following voluntary information is solicited from each applicant:

Sex: ☐ Male ☐ Female ☐ Nonbinary

Ethnicity – select one
☐ Non-Hispanic – NHS
☐ Hispanic - HIS

Race – check all that apply

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> A – Asian | <input type="checkbox"/> HR – Central American |
| <input type="checkbox"/> AC – Chinese | <input type="checkbox"/> HS – South American |
| <input type="checkbox"/> AI – Asian Indian | <input type="checkbox"/> HX – Other Hispanic |
| <input type="checkbox"/> AJ – Japanese | <input type="checkbox"/> N – American Indian/Alaskan Native* |
| <input type="checkbox"/> AK – Korean | <input type="checkbox"/> Other Non-White |
| <input type="checkbox"/> AL – Laotian | <input type="checkbox"/> PX – Pacific Islander |
| <input type="checkbox"/> AM – Cambodian | <input type="checkbox"/> PG – Guamanian |
| <input type="checkbox"/> AV – Vietnamese | <input type="checkbox"/> PH – Hawaiian |
| <input type="checkbox"/> AX – Other Asian | <input type="checkbox"/> PS – Samoan |
| <input type="checkbox"/> B – African-American Non-Hispanic | <input type="checkbox"/> PX – Other Pacific Islander |
| <input type="checkbox"/> F – Filipino | <input type="checkbox"/> W – White, Non-Hispanic |
| <input type="checkbox"/> HX - Hispanic | <input type="checkbox"/> Unknown/Non-Respondent |
| <input type="checkbox"/> HM – Mexican, Mex. American, Chicano | <input type="checkbox"/> Decline to State |

*Member of an American Indian Tribe or band recognized by the Bureau of Indian Affairs; or has at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada. SPB Rule 547.34 requires written verification of American Indian ancestry at time of employment.

Specify tribe: _____

Disabled: ☐ Yes ☐ No

“Disabled individual” means any person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

EMPLOYMENT ADVERTISING INFORMATION

We need your help in determining the effectiveness of our recruitment program. Please answer the questions below to assist us in this effort.

How did you find out about this position?

- ☐ Newspaper *Which one? Which day of week?* _____
- ☐ Posted job announcement *Where?* _____
- ☐ Career Fair *Where? Which month?* _____
- ☐ Friend employed with the District
- ☐ Visit to the College *Which one?* _____
- ☐ District Job Line
- ☐ EDD Office
- ☐ Website *Which one?* _____
- ☐ Other *(please be specific)* _____

What major feature attracted you to this District?

- ☐ Salary
- ☐ Location
- ☐ District Reputation
- ☐ Career Opportunities
- ☐ Benefits
- ☐ Other *(please be specific)* _____

What processes do you follow in your job search efforts?

- ☐ Read newspaper help wanted section
- ☐ Websites *(please be specific)* _____
- ☐ EDD office
- ☐ Check job announcements posted in public buildings
- ☐ Send a letter of interest and/or resume to employers
- ☐ Other *(please be specific)* _____