



9900 Cody Street, Coalinga CA 93210

Application for Employment
NON-ACADEMIC STAFF

Position Applied For: Web Design

Location:

- WHC Coalinga, WHC Lemoore, North District Center, NAS Lemoore Center, District Office

Would You Work:

- Full-time, Evenings, Part-time, Nights

1. PERSONAL

Last: XXXXXXXX, First: XXXXX, Middle: \_\_\_\_\_, Street Address: XXXXXX, City: Huron, State: CA, Zip Code: 93234, Home Telephone: (XXX)XXX-XXXX, Message Telephone: XXXXXX, Emergency Contact: Name: XXXXX, Phone: (XXX)XXX-XXXX

Do you have any physical or emotional condition, which may limit your ability to perform the particular job for which you are applying? [X] Yes [ ] No. If yes, what can be done to accommodate your limitation? Flat Feet

Are you able, upon employment, to submit verification that you are a United States Citizen or are eligible to work in the United States: [X] Yes [ ] No, The Immigration Reform and Control Act of 1986 required the College to obtain original documentation from every employee which verifies identity and authorized employment in the United States.

Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? [ ] Yes [X] No (Having a criminal record does not necessarily disqualify you for employment. Each case is given individual consideration, based on job-related criteria.) 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. Any offense for which you were convicted for which the punishment was a fine in excess of \$100, Or which required serving a jail or prison sentence, Or which required probation MUST be reported. Attach additional pages to record the necessary information.

Are you currently receiving student financial aid at West Hills Community College? [ ] Yes [X] No
Are you employed as a student? [ ] Yes [X] No

Does any member of your immediate family work for WHCCD? [ ] Yes [X] No
If yes, who: department:

2. SKILLS

CLERICAL SKILLS

Table with 2 columns: YES, NO. Rows include Typing, Shorthand, Calculator, Accounting, Computer, Word, Excel, Power Point, Access.

MAINT/CUSTODIAL SKILLS

Table with 2 columns: YES, NO YRS/EXP. Rows include Automotive, Carpentry, Electrical, Painting, Plumbing, Groundwork, Other.

OTHER SKILLS

Table with 2 columns: YES, NO YRS/EXP. Rows include Cooking, Serving, Cashier, Graphics, Administrative, Security, Education.

Do you speak/write/read any languages other than English? Spanish

### 3. EDUCATION (“See resume” not acceptable for this section.)

School	Name & Address of School	Course of Study	Check Last Year Completed	Did you Graduate	List Diploma or Degree
High School	Coalinga High School 750 Van Ness Avenue	HS Diploma	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	
College			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Other (Specify)				<input type="checkbox"/> <input type="checkbox"/>	

### 4. EMPLOYMENT RECORD (“See resume” not acceptable for this section.)

#### Present Employer

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: _____ to _____	Position Title: _____ Nature of Duties: _____ Reason for Leaving: _____ Supervisor's Name: _____ Ending Salary: _____
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#### 1<sup>st</sup> Previous

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: _____ to _____	Position Title: _____ Nature of Duties: _____ Reason for Leaving: _____ Supervisor's Name: _____ Ending Salary: _____
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#### 2<sup>nd</sup> Previous

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: _____ to _____	Position Title: _____ Nature of Duties: _____ Reason for Leaving: _____ Supervisor's Name: _____ Ending Salary: _____
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#### 3<sup>rd</sup> Previous

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____	Position Title: _____ Nature of Duties: _____ Reason for Leaving: _____ Supervisor's Name: _____ Ending Salary: _____
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Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

### 5. REFERENCES:

NAME	ADDRESS	TELEPHONE
Manuel Chagoyan	162 S Byran Dr. Lemoore CA 93245	(xxx)xxx-xxxx
Irene Garcia		(xxx)xxx-xxxx

### 6. GENERAL INFORMATION:

Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct?  
 Yes  No If "yes," explain below\*.

WHCCD is hereby authorized to contact my present employer.  Yes  No

WHCCD is hereby authorized to contact my past employer  Yes  No

WHCCD is hereby authorized to contact other references. Any exceptions should be noted on an attached page.  Yes  No

Have you ever been employed by or does the WHCCD currently employ you?  Yes  No

Date Employed: \_\_\_\_\_ Position(s): \_\_\_\_\_ Department: \_\_\_\_\_

\*Remarks/Explanations: (Add additional pages as needed):

### 7. CERTIFICATION AND AGREEMENT OF APPLICANT:

*Please read carefully before signing*

This application and all supporting documents become the property of the West Hills Community College District to which I have applied 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 West Hills Community College District. I authorize the District to investigate my references, conduct a background check, work record, education, performance evaluations or any other matters relating to my suitability for employment. I authorize and direct my former or current employer 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 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 West Hills Community College District. I hereby release the West Hills Community College District, as well as those contacted by West Hills Community College District from any liability or damage which may result from providing or using the information requested.

**Reasonable Accommodation:** West Hills Community College District is an Equal Opportunity employer committed to nondiscrimination on the basis of race, color, religion, national origin, sex, sexual orientation, gender status, pregnancy, age, disability, or covered veteran's status consistent with applicable federal and state laws. Reasonable accommodations will be provided for applicants with disabilities who self disclose.

**Drug Testing:** In accordance with the Drug Free Environment of the WHCCD I understand that if I am selected for employment as a part of my employment I will be required to submit to a drug and alcohol test as a part of my health examination. By signing this application I am authorizing the District to conduct a drug and alcohol test as a part of my health examination.

Date: 10/19/11

Print Name:xxxxxxxx

Signature: \_\_\_\_\_