

Application for Student Employment Sequoias Community College District

Even if you have been previously placed or are returning to a previous campus job, you must complete and return this form for record–keeping purposes.

Return form to

	Name							
Social Secu	ırity No.							
	Address							
	City		State				Zip Code	
Home Phone			Cell	Phone		Message F		
			Cen	THORE		Wiessage i	none	
	Major							
Planned date of	program compl	etion (semester	& year)					
Use X to mark o	ut hours when	you have classes	or will be	unable	to work for any	other reason.		
	Monday	Tuesday	Wedn	esday	Thursday	Friday	Saturday	Sunday
8:00								
9:00]				
10:00								
11:00								
12:00								
1:00								
2:00								
3:00								
4:00]				
5:00								
6:00								
After 6:00								
Check the types				rience a				
Computer Use		Office		Secretarial		Technical		
☐Word Processing		☐ Filing		☐ Typing (speed)		☐ Lettering/design ☐ Drafting		
□Windows		☐ Phones (messages)		☐ Address envelopes —		□ Electrical/Shop		
\square Spreadsheet		☐ Bookkeeping		☐ Numerical typing		□Painting		
□Programming		☐ 10-key Adding Machine ☐ Copy Machine		\square Tables (numbers)		□Other		
\square Other		□ Other						
Tutoring		Library		Laboratory		Labor		
□Math		☐ (please list)		☐ Physical Sciences		☐ Shelving/Inventory		
□English				☐ Biological Sciences		☐ Deliveries		
☐ Computers ☐ Other					□Other		☐ Grounds Keeping ☐ Janitorial	
Sal		Food	Food Services		Recreation		Other	
☐ Cash Register		☐ Kitchen ☐ Bus person		☐ (please list)		☐ (please list)		
□Other		□Clean–u _l	0					

☐ English 360	☐ English 1	□Math 360	□Math	230	☐Math 200	□Math 80	
☐ English 251	☐ English 2	☐Math 235	□Math	220	☐Math 154	☐Math 75	
List business classes o	List computer classes completed						
<u>Work History</u>		ning with the most rec ork done to assist pare CCD.					
				ites			
Name/Address of Employer		Position	From	То	Duties (brief description)		
<u>References</u>							
References Name				Positi	on		
				Positi Telepho			
Name			City		ne ()		
Relationship			City	Telepho	ne () Zip		
Name Relationship Address			City	Telepho	ne () Zip on		
Name Relationship Address Name				Telepho / State / 2 Positi	ne () Zip on ne ()		
Name Relationship Address Name Relationship Address				Telepho / State / Z Positi Telepho	ne () Zip on ne ()		
Name Relationship Address Name Relationship				Telepho / State / Z Positi Telepho / State / Z	ne () Zip on ne ()	GPA	

Chec	k Yes or No when answering	Questions 1 throu	ıgh 14.			Yes	No
1.	Do you have reliable transportation?						
2.	Are you a citizen / natural / permanent resident of the United States:						
3.	Are you over 18 years of age?						
4.	Are you currently working for						
	Department		Supervisor				
5.	Have you ever worked for S	CCD before? If yes	s, V				
	Department		Supervisor				
6.	Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency or misconduct? (A "yes" answer will not automatically preclude you from employment consideration.)						
	If yes, explain →						
7.	Have you met with the Wor	k Study Specialist	for Federal or Cal	WORKs Wor	k Study?		
8.	Are you currently receiving	TANF cash aid?					
9.	SCCD is hereby authorized t						
10.	SCCD is hereby authorized t						
11.	. SCCD is hereby authorized to contact all applicable SCCD Departments for reference checking.						
12.	2. Does SCCD employ a relative of yours?						
	If yes, give name and relation						
13.	3. Have you been fingerprinted at Sequoias Community College District? By which department→						
14.	Have you had a Tuberculosi	s test at SCCD?					
			Date of TB test→				
<u>Em</u>	ergency Contact						
	Name				Phone		
	Relationship						
to di com	tify under penalty of perjury s scuss and share all of my con pleted, current enrollment, w rvisor(s).	fidential academic	c and work-relate	ed information	on (including, but no	t limited to, GP	A, courses
	ature				Date		
			Office Use	Only			
CD4		llnita	Office ose	Office	Completed	Inits	
GPA		Units			Completed	UIIILS	