

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 I	•				
			centinone		Wiessage	Horic				
Major Planned date of program completion (semester & year)										
Planned date of	program compl	etion (semester &	ś year)							
Use X to mark or	Use X to mark out hours when you have classes or will be unable to work for any other reason.									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
8:00										
9:00 10:00	- H -	H								
11:00										
12:00										
1:00										
2:00										
3:00										
4:00										
5:00										
6:00										
After 6:00										
Check the types of work in which you have previous experience and/or skills.										
Comput		Office			etarial	Technical				
Word Proces	sing	Filing Phones (messages)		Typing (spe		Lettering/design Drafting				
Spreadsheet		Bookkeeping		Numeric typ	-	Electrical / Shop				
Programming	g	10-key Adding Machine		Tables (numbers)		Painting				
Other		Copy Machine				Other				
Other										
Tuto	ring	Library		Laboratory		Labor				
☐ Math ☐ English		[] (please list)		Physical Science Biological Science		Shelving/Inventory Deliveries				
Computers				Other	ciences	Grounds Keeping				
Other				_		Janitorial				
Sales		Food Services		Recre	eation	Other				
Cash Register		☐Kitchen ☐Bus person		(please list)		(please list)				
Other		☐Clean–up								

English 360	English 360 English 1 Ma		Math 230) [Math 200	Math 80			
English 251	English 2	☐Math 235	☐Math 220) [─ ☐Math 154	☐Math 75			
List business classes completed			List computer classes completed						
Work History	List in order, beg	inning with the most re	ecent position yo	u have held	l. Include any pro	evious work study,			
	other paid jobs, very positions held at	work done to assist pa	rents or teachers,	, and volun	teer or committe	e work. Include			
	positions neid at	<u> </u>	Dat	tes					
Name/Address of Employer		Position	То	From	Duties (brief description)				
<u>References</u>				Position					
References Nam	ne			Position					
				Position Telephone					
Nam	р		City ,		()				
Nam Relationshi	p ss		City ,	Telephone	()				
Nam Relationshi Addres	p ss ne		City ,	Telephone / State / Zip	()				
Nam Relationshi Addres Nam	p ss ne			Telephone / State / Zip Position	()				
Nam Relationshi Addres Nam Relationshi Addres	p ss ne			Telephone / State / Zip Position Telephone	()				
Nam Relationshi Addres Nam Relationshi Addres	p ss ne		City ,	Telephone / State / Zip Position Telephone / State / Zip		GPA			
Nam Relationshi Addres Nam Relationshi Addres	p ss ne			Telephone / State / Zip Position Telephone / State / Zip	()	GPA GPA			

Chec	k Yes or No when answerin	ng Questions 1 thro	ugh 15.					Yes	No
1.	Do you have reliable transportation?								
2.	Are you a citizen / natural	re you a citizen / natural / permanent resident of the United States:							
3.	Are you over 18 years of age?								
4. Are you currently working for SCCD? If yes, $oldsymbol{\psi}$									
	Department		Supervisor						
5.	Have you ever worked for	SCCD before? If ye	es, ψ						
	Department		Supervisor						
6.	inefficiency, delinquency or misconduct? (A "yes" answer will not automatically preclude you from employment consideration.)								
7.	If yes, explain -> Have you met with the Work Study Specialist for Federal or CalWORKs Work Study?								
8.					-				
<u> </u>	Have you been convicted of a crime? (A background check may be completed/required.) If yes, complete the following form: Disclosure of Conviction Record								
9.	Are you currently receiving TANF cash aid?								
10.	Contact my present employer.								
11.	11. SCCD is hereby authorized to contact my past employers.								
12.	2. SCCD is hereby authorized to contact all applicable SCCD Departments for reference checking.								
13. Does SCCD employ a relative of yours?									
If yes, give name and relationship ->									
14.	. Have you been fingerprinted at Sequoias Community College District? By which department→								
15.	•								
	Date of TB test→								
Fm	ergency Contact								
<u> </u>	Name					Phone			
	Relationship								
	Neiationsilip								
I certify under penalty of perjury that the above information is true and correct. I authorize Sequoias Community College District to discuss and share all of my confidential academic and work-related information (including, but not limited to, GPA, courses completed, current enrollment, work history, financial aid, criminal history) with any potential and/or designated work-site supervisor(s). Signature Date									
1									
	Office Use Only								
GPA		Units Completed Unit				Units			