

## NEW HIRE CHECKLIST FOR FACULTY

Name \_\_\_\_\_ Emp ID \_\_\_\_\_

Hire Date \_\_\_\_\_ Discipline \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Hiring Manager \_\_\_\_\_

### Priority Documents

These documents must be submitted as soon as possible to expedite IT access request.

\_\_\_\_\_ 1. Employee Information

\_\_\_\_\_ 2. Change of Personal Information (Form 7013)

\_\_\_\_\_ 3. Employment Eligibility Verification (USCIS Form I-9)

- Bring ID to Human Resources (*ex. driver's license AND social security card*). Check USCIS Form I-9 for other acceptable identification.
- Do NOT sign document until prompted by Human Resources staff.

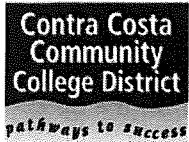
\_\_\_\_\_ 4. Discipline Verification

\_\_\_\_\_ 5. Salary Placement Evaluation by Employee

\_\_\_\_\_ 6. Application for Employment

\_\_\_\_\_ 7. Minimum Qualification Documents

Comments



# CONTRA COSTA COMMUNITY COLLEGE DISTRICT

## Employee Information

Emp ID: \_\_\_\_\_

Location	Department	Hiring Manager or Contact Person	Start Date

Last Name	First Name	Middle Name	Social Security

Home Address	City, State, Zip Code

Date of Birth	Sex	Phone 1	Phone 2
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business

Person to Notify in Case of Emergency	Relationship	Emergency Phone Number

Emergency Contact Street Address (if different)	City, State, Zip Code

Please check the box which best describes your ethnicity:

**Ethnicity (Choose one)**

NHS – Non-Hispanic

HIS – Hispanic

DISABLED – “Disabled individual” means any person who:

- 1) has a physical 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

**Select Race (Check all that apply)**

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

\*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.

**Are you currently, or were you previously, employed in this College District?**

Yes      Campus: \_\_\_\_\_ | Approximate Date(s): \_\_\_\_\_

No

If you are eligible for health coverage, do you plan to add dependents?  No     Yes (If yes, complete page 2)

Employee Name: \_\_\_\_\_

### Relation Information

Dependent 1 - Spouse/Domestic Partner					
<b>Status</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security</b>	<b>Home Address</b> (if different from employee)	<b>City</b>	<b>State</b>	<b>Zip</b>

Dependent 2					
<b>Relationship</b> <input type="checkbox"/> Child <input type="checkbox"/> _____	<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security</b>	<b>Home Address</b> (if different from employee)	<b>City</b>	<b>State</b>	<b>Zip</b>

Dependent 3					
<b>Relationship</b> <input type="checkbox"/> Child <input type="checkbox"/> _____	<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security</b>	<b>Home Address</b> (if different from employee)	<b>City</b>	<b>State</b>	<b>Zip</b>

Dependent 4					
<b>Relationship</b> <input type="checkbox"/> Child <input type="checkbox"/> _____	<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security</b>	<b>Home Address</b> (if different from employee)	<b>City</b>	<b>State</b>	<b>Zip</b>

Dependent 5					
<b>Relationship</b> <input type="checkbox"/> Child <input type="checkbox"/> _____	<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security</b>	<b>Home Address</b> (if different from employee)	<b>City</b>	<b>State</b>	<b>Zip</b>





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> Documents that Establish Both Identity and Employment Authorization	<b>OR</b>	<b>LIST B</b> Documents that Establish Identity	<b>AND</b>	<b>LIST C</b> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



**FACULTY SERVICE AREA OR DISCIPLINE VERIFICATION**  
Academic Employees

The following information is required per Education Code and United Faculty Contract requirements. All academic employees must meet minimum qualifications (M.Q.'s) to teach in a subject area. Full-time faculty (tenure tracked) and academic managers are assigned a faculty service area (FSA), whereas part-time faculty are assigned a discipline. Minimum qualifications to teach in the subject area are the same for both full-time and part-time faculty.

<b>NAME</b>	<b>SS/I.D. #</b>	<b>LOCATION</b>
		<b>DVC</b>
<b>FACULTY SERVICE AREA OR DISCIPLINE</b>		

**I certify that I meet the minimum qualifications to teach in the FSA/Discipline entered above based on one (1) of the following criteria and have attached appropriate supporting documentation:**

MASTER'S FSA OR DISCIPLINE	NON-MASTER'S FSA OR DISCIPLINE
<input type="checkbox"/> A valid California credential, # _____, in the subject area of _____. <input type="checkbox"/> A Master's degree in _____. <input type="checkbox"/> A combination of a Bachelor's in _____ and a Master's, License, or Certification in _____. <input type="checkbox"/> A Doctorate in _____. <input type="checkbox"/> My foreign degree was evaluated by an NACES agency and I possess the equivalent of _____. <input type="checkbox"/> Qualifying via the Academic/Faculty Senate Equivalency Process.	<input type="checkbox"/> A valid California credential, # _____, in the subject area of _____. <input type="checkbox"/> An Associate degree from an accredited college plus the equivalent of six (6) years full time work experience related to the discipline, and where required, a certificate or license authorizing work in the discipline. <input type="checkbox"/> A Bachelor's degree from an accredited college plus the equivalent of two (2) years full-time work experience related to the discipline, and where required, a certificate or license authorizing work in the discipline. <input type="checkbox"/> My foreign degree was evaluated by an NACES agency and I possess the equivalent of _____. <input type="checkbox"/> Qualifying via the Academic/Faculty Senate Equivalency Process.

<b>EMPLOYEE'S SIGNATURE</b>	<b>DATE</b>

<b>DISTRICT HUMAN RESOURCES USE ONLY</b>	
M.Q.'s Verified and Posted By: _____ Date: _____	
<input type="checkbox"/> Recorded on FQAL Screen	Governing Board Date: _____





# SALARY PLACEMENT EVALUATION FORM

REFER TO COLLECTIVE BARGAINING AGREEMENT BETWEEN CONTRA COSTA COMMUNITY COLLEGE DISTRICT AND UNITED FACULTY, ARTICLE 20-SALARY AND ITS APPENDICES FOR GUIDELINES GOVERNING SALARY PLACEMENT.

**DEADLINE** Newly employed faculty will be given **sixty (60) calendar days** from their first day of service to submit official transcripts, copies of their credentials and any verification of teaching and/or work-related experience to be used for salary placement. (UF Article 20.3.1)

**CLASS PLACEMENT** A faculty member is placed in Classes I through VII depending upon degrees, and/or number academic semester units over and above degrees (UF Article 20.3.1.3). Degrees and academic units must be verified by **official transcripts** from accredited institutions. *Quarter units are multiplied by 0.667 to convert into semester units.*

**STEP PLACEMENT** Step is based on teaching and/or work-related experience. **Academic Work Experience:** For step placement, year-for-year credit will be allowed on the basis of **one (1) increment for each year of verified teaching** experience not to exceed established limits. *Teaching load in a quarter system is multiplied by 0.667 to convert into semester teaching load. There is a maximum teaching load of 2.0 per academic year.* **Occupational Work Experience:** Verified occupational experience which is directly related to the teaching assignment may be allowed credit for increment purposes on the basis of **one (1) increment for each two (2) years of full-time discipline related employment experience** (UF Article 20.3.1.4).

<b>Full Name</b>		<b>Start Date</b>	
Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Full-time	<input type="checkbox"/> LMC <input type="checkbox"/> Brentwood	<b>Teaching Discipline</b>	

HR Only: MQs met?  Yes  No

## Education

Educational Institution(s) Attended	Degree-Date Awarded	Terms/Dates (From/To)	Total Units	Major/Minor Field of Study
<i>Example: Los Medanos College</i>	<i>AA - 7/2014</i>	<i>FA12 - SU14</i>	<i>62 sem</i>	<i>General Education</i>

sem = semester units; qtr = quarter units

## Discipline-Related Work Experience

Employer	Job Title	Dates (From/To)

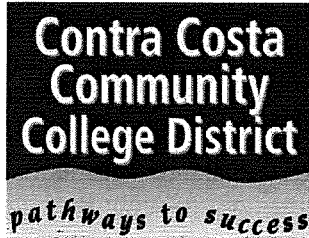
HR Only	
Acad	Y-M-D

Note: Vague job titles will need additional job descriptions/specifications detailing duties and responsibilities.

In signing this form, I understand that I have **60 calendar days** from date of hire to submit official transcripts and verifications of work experience for final salary placement.

Signature

Note: Attach additional sheets as needed.



## APPLICATION FOR EMPLOYMENT Academic Personnel

### 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) 438-2181 Pittsburg area  
(925) 798-3500 Concord area  
www.losmedanos.edu

### DISTRICT OFFICE

500 Court Street, Martinez, CA 94553  
(925) 229-1000, [www.4cd.edu](http://www.4cd.edu)

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. 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 application is required, please check the vacancy notice. Incomplete application may disqualify applicant.

**TITLE OF POSITION FOR WHICH APPLYING:**  
(If teaching, indicate discipline)

**ARE YOU APPLYING FOR:**

- Full-time  
 Part-time  
 Both

**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**

1. E-Mail Address

2. Name

Last Name

First Name

Middle

3. Address

No.

Street

Apt No.

City

State/Zip Code

4. Telephone:  
Home

Business

5. **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

Major

Minor

Degree  
Awarded

Units  
Completed  
Sem./ Qtr.

Date Degree  
Requirements  
Completed

Other school/training  
completed

Dates  
Attended

Course  
Studied

Hours  
Completed

Certificate  
Awarded

**UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE OFFICIAL TRANSCRIPTS.**

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**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. 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 on an attachment. ***This section must be completed even though a resume is attached.***

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6. **EXPERIENCE: In Education** (instruction, student services or management.) List all positions for which you received a salary.

Total Years (full-time) \_\_\_\_\_

Total Years (part-time) \_\_\_\_\_

School or District

Address

Dates

Position and  
Subject Area

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**In Other Fields** (List only work of more than three months duration.)

Total Years (full-time) \_\_\_\_\_

Total Years (part-time) \_\_\_\_\_

Employer

Address

Dates

Position

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7. **DISCIPLINE/CREDENTIAL INFORMATION:** Applicant must meet the Contra Costa Community College District minimum qualifications for the discipline or the equivalent or possess a valid California credential for the discipline.

I satisfy the Contra Costa Community College District minimum qualifications for this discipline. (Enclose transcripts from an accredited college/university or appropriate foreign institution and/or evidence of job experience to support this claim.)

I possess a valid California credential for this discipline. Type:  
Expiration Date: \_\_\_\_\_ (Enclose a copy of appropriate credential with application.)

I possess qualifications equivalent to those minimum qualifications listed on the job description. (Attach equivalency application)

If you are applying for an educational manager's position, provide information on teaching discipline for which you meet minimum qualifications.

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8. **WHAT PROFESSIONAL ACTIVITIES** have you engaged in over the last three years which contributed to your competence for the position for which you are applying? (You may omit those activities which indicate your race, religious creed, color, national origin, ancestry, sex, age, or sexual orientation.)

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9. **REFERENCES:** List five references, other than relatives, willing to make recommendations regarding your qualifications for the position for which you are applying.

Name	Address	Occupation/Profession	Telephone
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10. Have you ever been convicted of any offense by a civilian or military court? If yes, please note in the remarks section 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.

Yes  No

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 Vice Chancellor of Human Resources at (925) 229-1000 should you have any questions or concerns.

Remarks: \_\_\_\_\_

\_\_\_\_\_

11. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? If yes, give name and address of employer, reason for each release and dates of employment.  Yes  No

If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.

12. Can you fluently read or write in any language other than English? If so, please specify. (Optional)

\_\_\_\_\_

13. I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment to the Contra Costa Community College District.  Yes  No

May we contact your present employer?  Yes  No

(If you are selected as a finalist, we must have your permission to contact your present employers and to review your employment history.)

**PLEASE NOTE:** Prior to employment, the selected candidate will be required to **complete** a Tuberculosis Risk Assessment and/or Examination and will be required to submit State and Federal fingerprint cards. If you are not a United States citizen, you will be required to submit proof of your legal right to work in the United States upon employment with the District.

14. I certify that the statements made by me in this application 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

**" 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:

- 1. **SEX**       Male       Female
- 2. **RACE / ETHNICITY CATEGORY** – Please check the box which best describes your ethnicity and race.

**Select Ethnicity – select one**

- Non-Hispanic – NHS
- Hispanic - HIS

**Select Race – check all that apply**

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

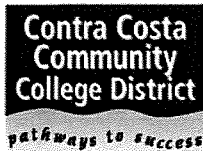
## EMPLOYMENT ADVERTISING INFORMATION

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

1. How did you find out about this position?
  - Newspaper (which one, day of week) \_\_\_\_\_
  - Posted job announcement
  - Career Fair (where, which month)
  - Friend employed with the District
  - Visit to the College (which one) \_\_\_\_\_
  - District Job Line
  - EDD Office
  - Website (please be specific) \_\_\_\_\_
  - Other (please be specific) \_\_\_\_\_
  
2. What major feature attracted you to this District?
  - Salary
  - Location
  - District Reputation
  - Career Opportunities
  - Benefits
  - Other (please be specific)
  
3. What processes do you follow in your job search efforts?
  - Read newspaper help wanted section
  - Call friends
  - EDD office
  - Check job announcements posted in public buildings
  - Send a letter of interest and/or resume to employers
  - Other (please be specific) \_\_\_\_\_

**The Contra Costa Community College District  
Is an Equal Opportunity Employer**

Contra Costa Community College District



## NEW HIRE CHECKLIST FOR FACULTY

Name \_\_\_\_\_

### Minimum Qualification Documents



**MQ's Met?**  Yes  No  Needs Equivalency

#### \_\_\_\_\_ 1. Transcripts

\_\_\_\_\_ AA/AS \_\_\_\_\_  
 Unofficial  Official  Hardcopy  Electronic

\_\_\_\_\_ BA/BS \_\_\_\_\_  
 Unofficial  Official  Hardcopy  Electronic

\_\_\_\_\_ M/MA/MS \_\_\_\_\_  
 Unofficial  Official  Hardcopy  Electronic

\_\_\_\_\_ Doctorate \_\_\_\_\_  
 Unofficial  Official  Hardcopy  Electronic

#### \_\_\_\_\_ 2. Verifications of Employment (VOEs) → *for non-master's discipline only*

\_\_\_\_\_ 2 years full-time work experience

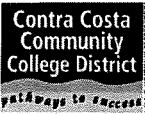
\_\_\_\_\_ 6 years full-time work experience

Comments

### DEADLINE

Newly employed faculty will be given **sixty (60) calendar days** from their first day of service to submit official transcripts, copies of their credentials and any verification of teaching and/or work-related experience to be used for final salary placement.

(United Faculty Contract, Article 20.3.1)



## WORK EXPERIENCE VERIFICATION FORM

TO MY EMPLOYER:	MY NAME:
	SSN/ID #:
TEACHING FOR (Campus):	AUTHORIZING RELEASE SIGNATURE:

I am applying to teach or have been teaching within the Contra Costa Community College District. In order to determine my teaching qualifications and/or salary placement, they have requested a verification of my previous or present experience. Verification on your letterhead with the information below included is requested, but if no letterhead is available, you may use this form.

Employee Name	Position Title	Name of Business/School and Address
<b>Brief description of this employee's basic job functions:</b>		
<b>Beginning Employment Date(s)</b> Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<b>Ending Employment Date(s) or Current</b>
<b>If work is/was part-time, <i>list total hours worked</i> during the time period specified above.</b>		<b>If teaching is/was part-time at the college level:</b>
		< COMPLETE FORM 7381-A >

**By signing below, I verify that the above person was employed in the capacity listed for the time period indicated.**

Name	Job Title	Signature
E-Mail Address (MANDATORY)	Phone Number FAX Number	Date Completed

**PLEASE RETURN THIS COMPLETE ORIGINAL FORM OR YOUR LETTER TO:**

College Human Resources Assistant      (925) 473-7345  
 Los Medanos College                      Work hours: M - F, 8:30am - 5:00pm  
 2700 E. Leland Road  
 Pittsburg, CA 94565





## PART-TIME COLLEGE LEVEL ACADEMIC WORK VERIFICATION

TO MY EMPLOYER (Name of Educational Institution):	EMPLOYEE NAME:
	SSN/ID #:
FULL EMPLOYER ADDRESS:	AUTHORIZING RELEASE SIGNATURE:

Please provide the College Human Resources Assistant with my part-time academic experience listed by your schedule type in the following format. If more space is needed, please copy this form prior to completion.

This verifies part-time academic service for \_\_\_\_\_:  
(Faculty Member's Name)

<b>This institution is on the following schedule:</b> <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____	<b>These courses were:</b> <input type="checkbox"/> Full-term <input type="checkbox"/> Short-term: _____ weeks <input type="checkbox"/> Held in campus facilities <input type="checkbox"/> On-line courses	<b>At this educational institution, a full-time load is considered:</b> <input type="checkbox"/> Lecture _____ hours/week <input type="checkbox"/> Lab _____ hours/week <input type="checkbox"/> Non-Instructional Faculty - (Counselor/Librarian/LrnDisSpec) _____ hours/week
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Schedule & Year	Course Title, Number & Section Or Assignment	P/T Hours Worked Per Week vs. F/T Base	Percentage of Full-time Load (Hours / FTE)
<i>Example:</i> FA 00	Anthropology 005-1234	6 hrs/15 hrs	.400

By signing below, I verify that the above person was employed in the capacity listed for the time period indicated.

Name	Job Title	Signature
E-Mail Address (MANDATORY)	Phone Number FAX Number	Date Completed

**PLEASE RETURN THIS COMPLETE ORIGINAL FORM OR YOUR LETTER TO:**

College Human Resources Assistant Los Medanos College 2700 E. Leland Road Pittsburg, CA 94565	(925) 473-7345 Work hours: M - F, 8:30am - 5:00pm
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