

**BUTTE-GLENN COMMUNITY COLLEGE DISTRICT DEPARTMENT OF HUMAN RESOURCES
APPLICATION FOR ACADEMIC AND ACADEMIC MANAGEMENT EMPLOYMENT**

3536 BUTTE CAMPUS DRIVE, OROVILLE, CALIFORNIA 95965-8399

Please Print (530) 895-2400 (800) 933-8322 TDD (530) 895-2817 FAX (530) 895-2836

POSITION APPLIED FOR: _____ Note: An application with the words "See Resume" or similar phrase will not be accepted.

Are you interested in: Full-Time or Part-time positions?

PERSONAL INFORMATION

Name (Last, First, MI): _____ For correspondence purposes only, please check one of the salutations: Mr. Ms. Dr.

Mailing Address:	City:	State:	Zip:
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Residence Address: (Please list if different from above.)	City:	State:	Zip:
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Home Phone:	Cell Phone:	Work Phone:
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E-mail Address:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACADEMIC ACCREDITATION

Name of Institution (Beyond High School)	City, State	Major	Minor	Dates of Attendance		Type & Date Degree Granted	Total Sem. Units Completed
				Fr: Mo/Yr	To: Mo/Yr		

EXPLANATION OF DEGREE IN PROGRESS

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REFERENCES – Name of persons who are familiar with your previous employment experience whom we may contact if you are a finalist.

Name	Title	Business/Institution	Daytime Phone Number

LIST (MOST RECENT FIRST) ALL TEACHING EXPERIENCE (Use an additional sheet, if necessary)

Employment Dates		Name of Institution or District	Mailing Address Including Zip Code	Subjects and/or Grades Taught	Time Full %	Reason for Leaving
From	To					

LIST (MOST RECENT FIRST) ALL ACADEMIC EXPERIENCE OTHER THAN TEACHING (i.e., COUNSELING OR ADMIN) (Use an additional sheet, if necessary)

Employment Dates		Name of Institution or District	Mailing Address Including Zip Code	Title of Position	Time Full %	Reason for Leaving
From	To					

LIST (MOST RECENT FIRST) OTHER RELATED JOBS

Employment Dates		Name of Business	Mailing Address Including Zip Code	Title of Position or Nature of Work	Time Full %	Reason for Leaving
From	To					

OTHER PROFESSIONAL ACTIVITIES (Such as travel, publications, organizations, lectures) (Use an additional sheet, if necessary)

You may omit those organizations that indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex, sexual orientation or age.

Length of Service	Nature of Experience

Current Employer

If you are currently employed, may we contact your present employer? Yes No
 If "NO", please be advised that we must contact your employer should you become a finalist for the position.

PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES

Should you be offered employment can you provide proof of eligibility to work in the U.S. at Butte College? Yes No

ADDITIONAL INFORMATION:

PRE-EMPLOYMENT REQUIREMENTS – PLEASE READ CAREFULLY

- Education Code § 87408.6 states that no person shall be initially employed by a community college district in an academic or classified position unless the person has submitted to an examination within the past sixty (60) days to determine that he or she is free of active tuberculosis.
- As a condition of employment the position you are applying for may require that you provide fingerprints to the local police department. The fee charged by the Department of Justice (DOJ) for the fingerprint report is the employee’s responsibility. If you should be offered this position and it requires fingerprinting, you will be asked to sign a payroll deduction form which will authorize the District to deduct the fee charged by the DOJ from your first paycheck.

Please complete the Confidential Criminal Offense Statement located on the Supplemental Information sheet. (Only the Human Resources Department has visibility to this information.)

GENERAL: (This space is provided for any additional information which you believe will be helpful in considering your application.)

Do you have any relatives currently working at Butte College? Yes No

Name	Relationship	Department

I declare that the information in this application is true and complete to the best of my knowledge, and I authorize investigation of all statements herein recorded. I waive and release from all liability persons and organizations reporting information required by this application. I certify that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the government of the United States or the State of California by force or violence or other unlawful means. I understand that I will be subject to forfeiture of the employment process or dismissal if any statement in this application is found to be untrue.

Signature _____

Date _____

APPLICATION MUST BE SIGNED AND DATED

The Butte-Glenn Community College District, Oroville, California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (45 CFR86), and Sections 503 and 504 of the Rehabilitation Act of 1973, Titles I and II of the American’s with Disabilities Act of 1990 does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or physical/mental disability or medical condition in any of its policies, procedures, or practices; nor does the District, in compliance with the Age Discrimination in Employment Act of 1967 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, discriminate against any employee or applicants for employment on the basis of age or because they are U.S. disabled veterans or veterans of the Vietnam era. This nondiscrimination policy covers admissions, access, and treatment in the District’s programs and activities, and application for and treatment in District employment. In conformance with District policy and pursuant to

Executive Order 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the District affirms diversity and is an equal opportunity employer.

Inquires regarding the District’s equal opportunity policies may be directed to the Equal Opportunity Officer, Administration Building, Office of Human Resources, Butte College, 3536 Butte Campus Drive, Oroville, CA 95965-8399 (Telephone 503-895-2400); Title IX Compliance Officer, 530-895-2379; and Sections 503/504 Compliance Officer, Specialist/Disabled Student Services, 530-895-3455, ADA Coordinator, 530/895-2244. In addition, inquiries may be directed to the Director of the Office of Civil Rights, Department of Labor, Washington, D.C. 20201.

REQUIRED SUPPLEMENTAL INFORMATION
ACADEMIC AND ACADEMIC MANAGEMENT

CONFIDENTIAL

THIS SUPPLEMENTAL INFORMATION IS FOR THE USE OF THE HUMAN RESOURCES OFFICE ONLY

Please Print

Position applied for: _____

Social Security No.: _____

Name: _____
Last First MI

Have you ever been employed, attended college, or obtained a job related degree or certificate under another name? Yes No

If "YES", please state name, where and when. _____

CRIMINAL OFFENSE STATEMENT

Have you ever been convicted or pled nolo contender for a criminal offense (excluding traffic violations)? Yes No

If you checked "YES", please state the nature of the crime(s), when and where convicted and disposition of the case, even if the case was dismissed or expunged. Exceptions are court actions resulting in the sealing of a juvenile record. Convictions will be reviewed for job relatedness, but will not necessarily exclude you from employment with the District.

Nature of Crime	Date	Where Convicted	Disposition (outcome)

DEPARTMENT OF HUMAN RESOURCES
Butte-Glenn Community College District
 3536 Butte Campus Drive
 Oroville, California 95965-8399

CONFIDENTIAL EQUAL OPPORTUNITY PROGRAM INFORMATION
 (Voluntary Information)

Position Applied For: _____ Name: _____

The following information is necessary in order for the Butte-Glenn Community College District to evaluate its recruitment and hiring practices and to prepare reports required by state and federal agencies. The information you provide is strictly confidential and will not be used in any way to affect your employment status with the District. Although providing this information is voluntary, your cooperation is greatly appreciated.

CONFIDENTIAL EQUAL OPPORTUNITY PROGRAM INFORMATION	
AGE: <input type="checkbox"/> Under age 30 <input type="checkbox"/> Age 30 but under 40 <input type="checkbox"/> Age 40 but under 50 <input type="checkbox"/> Age 50 or older	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female VIETNAM ERA VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNICITY: (check one only) <input type="checkbox"/> American Indian/Alaskan Native (origins in any of the Native American Indian peoples of North America) Specify tribal affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> East Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> White/Caucasian (non Hispanic)	DISABILITY/LIMITATION which (1) substantially restricts one or more major life activity, or (2) has a record of such impairment, or (3) is regarded by others as having such impairment. (check those applicable) <input type="checkbox"/> Orthopedic, Mobility, or Physical <input type="checkbox"/> Vision (blind or partial sight) <input type="checkbox"/> Health Impairment <input type="checkbox"/> Psychological Disorder/Recovering Substance Abuse <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Speech Impairment (not foreign accent) <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Developmental Disability (Mental Retardation)
	HOW DID YOU LEARN ABOUT THIS POSITION? <input type="checkbox"/> Advertisement (specify) _____ <input type="checkbox"/> Chancellor's Office Registry <input type="checkbox"/> Community Agency (specify) _____ <input type="checkbox"/> Friend or Colleague <input type="checkbox"/> Job Fair (location) _____ <input type="checkbox"/> Job Line <input type="checkbox"/> Professional Organization (specify) _____ <input type="checkbox"/> Vacancy Announcement <input type="checkbox"/> Internet (specify) _____ <input type="checkbox"/> Other (specify) _____

Equal Opportunity Employer
District officer responsible for discrimination complaints:
Equal Opportunity Officer (530) 895-2400 ADA Coordinator (530) 895-2244