



**EL CAMINO COLLEGE COMPTON CENTER
OFFICE OF HUMAN RESOURCES
EMPLOYMENT APPLICATION
(for faculty and administrative positions)**

Please print or type. Answer all questions – do not write “see resume.”

Position for which you are applying* _____

Discipline (for faculty position): _____

***Note: Please submit a separate application packet with original signatures per position.**

PERSONAL DATA

NAME: Last			First			M.I.		
Address: (Number/Street)						Home Phone:		
City			State			Zip Code		
Email Address:						Business Phone:		
If you are not a U.S. Citizen, do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						Cell Phone:		
Type of work desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary						Message Phone:		
Have you ever been employed by the Compton Community College District? <input type="checkbox"/> YES <input type="checkbox"/> NO								
JOB TITLE:			FROM:			TO:		
<i>As a public educational institution, the Compton Community College District has a legal responsibility to insure compliance with various laws, including conflict of interest pertaining to immediate family members being supervised by other family members. Board of trustees administrative regulations 3019 require disclosure of the following:</i>								
Do you have any relatives currently employed by the District in an administrative or supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name, position, relationship:								
Have you ever been discharged from a position or asked to resign under the threat of discharge? If yes, please explain under “remarks” at the end of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever been convicted of a felony, including <i>Nolo Contendere</i> pleas, of a crime (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must report the conviction by picking up or requesting the report of convictions form available in the Human Resources office. Convictions will not necessarily disqualify you from employment. Failure to report convictions prior to the closing date of the position can lead to dismissal from the position if you are the successful applicant.								
Driver's license number (if required by position)				Expiration Date			State	
MILITARY RECORD: Dates of Service:			Branch:			Rank:		

EDUCATION: (Professional preparation beyond high school)

Institution Name/City/State	Major	Minor	Degree	Award Date

Approximate number of upper division/graduate semester units taken after the bachelor's degree was awarded { }

COMMUNITY COLLEGE CREDENTIALS:

NOTE: Credentials are no longer required but may be substituted for minimum qualifications.

Credential Type	Authorized Subjects/Service	Expiration Date

ACADEMIC EDUCATIONAL EXPERIENCE: (LIST MOST RECENT EXPERIENCE FIRST)**Attach a separate sheet if necessary to provide pertinent employment experience.****Fill out completely and do not list practice teaching, internships, or voluntary experience; DO NOT SUBSTITUTE A RESUME.**

Inclusive dates From To Mo./Yr. Mo./Yr.		Type of Experience (Admin/Teaching/ Counseling/Librarian)	Salary	Institution	Supervisor's Name/Title
					Telephone Number:
Position Title			Job Duties:		
May we contact your current employer? ↑ YES ↑ NO			Reason for Leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Type of Experience (Admin/Teaching/ Counseling/Librarian)	Salary	Institution	Supervisor's Name/Title
					Telephone Number:
Position Title			Job Duties:		
			Reason for Leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Type of Experience (Admin/Teaching/ Counseling/Librarian)	Salary	Institution	Supervisor's Name/Title
				Address	Telephone
Position Title			Job Duties		
			Reason for Leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Type of Experience (Admin/Teaching/ Counseling/Librarian)	Salary	Institution	Supervisor's Name/Title
				Address	Telephone
Position Title			Job Duties:		
			Reason for Leaving		

OTHER EDUCATION RELATED EXPERIENCE: (Voluntary, Practice Teaching, Internship)

[Additional pages may be attached]

Name of Institution	Dates of Service	Describe Experience

RELATED OCCUPATIONAL EXPERIENCE: (LIST MOST RECENT EXPERIENCE FIRST)**Fill out completely; DO NOT SUBSTITUTE A RESUME.**

Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Reason for Leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
				Reason for leaving?		
Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
				Reason for leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
				Reason for leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
				Reason for leaving		
Inclusive dates From To Mo./Yr. Mo./Yr.		Status FT PT		Salary	Firm Name	Supervisor's Name/Title
					Address	Telephone Number:
Job Title				Job Duties		
				Reason for leaving		
Provide any experience and training you possess which demonstrates your sensitivity to and understanding of the diverse academic, socio-economic, cultural, disability, and ethnic backgrounds of community college students.						

SPECIAL QUALIFICATIONS Licenses held, certificate programs completed, languages spoken other than English:

PROFESSIONAL REFERENCES: (List persons who can critically assess your work qualifications and job performance. These references may be contacted in addition to immediate and former supervisors.)

May we contact your current employer? YES ☐ NO ☐

Name	Organization	Position	Telephone Number

APPLICATION MATERIALS Applicants must submit the following items: (The college does not return application materials.)

Please Note: One original application, including supporting documents (listed below), is required per position. Faxes and Emails are not accepted.

- A. District application.
- B. Cover letter (Letter of introduction highlighting your education and experience.)
- C. Complete transcripts of all work (need not be official).*
 - *Transcripts from countries other than the United States must be evaluated by an agency that is a member of the National Association of Credentials Evaluation Service (NACES).
- D. A complete professional resume.
- E. Copy of a California Community College credential (if held). *NOTE: Credentials are no longer required but may be substituted for minimum qualifications.*

ADDITIONAL REMARKS: _____

CERTIFICATION OF APPLICANT: I certify that the statements on this application are true and complete to the best of my knowledge and belief and that any false statements or incomplete information will subject me to disqualification or dismissal from employment with the District. I understand that acceptance of a contract position with the Compton Community College District indicates my willingness to accept assignments on Saturdays and/or evenings, and sponsorship of student activity programs. I also understand that before my employment becomes effective, verification of minimum qualifications and documentation verifying my legal right to work in the United States must be filed in the Human Resources Office of the Compton Community College District. If elected to a contract position, I certify that I am physically qualified to perform the essential functions of this position and that I may be required to have a physical examination performed by a district-designated physician to confirm that fact.

Date

Signature of Applicant

EQUAL EMPLOYMENT OPPORTUNITY POLICY

El Camino College Compton Center is an Equal Opportunity/Affirmative Action employer and does not discriminate in employment on the basis of sex, sexual orientation, race, color, religious creed, marital status, denial of Family & Medical Care Leave, national origin (including language limitations), ancestry, medical condition (cancer/genetic characteristics), age (40 and above), disability (mental and physical) including HIV and AIDS, denial of pregnancy disability leave or reasonable accommodation, or other protected classes, or obligations to the National Guard or Reserve Forces of the United States. For specific details on this policy, please contact Rachelle Sasser, EEO Compliance Officer, at (310) 900-1600, extension 2140.

**COMPTON COMMUNITY COLLEGE DISTRICT
STATISTICAL INFORMATION QUESTIONNAIRE**

The information requested on this form is voluntary and will assist in evaluating the recruitment program and in accurately compiling required statistical reports for federal, state and local agencies. This form will be detached from the employment application and will not be used to discriminate against, or give preference to, any individual.

Name: _____

Position applied for: _____

Please check all categories that apply to you:

☐ Male ☐ Female ☐ U.S. Citizen ☐ Veteran ☐ Age 40 or above

☐ Disabled (please specify): _____

Note: A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such an impairment, or is regarded as having such an impairment is considered to have a disability.

Ethnicity:

- ☐ American Indian or Alaskan Native: *All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.*
- ☐ Asian or Pacific Islander: *All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands.*
- ☐ Black/African American (not of Hispanic origin): *All persons having origins in any of the black racial groups of Africa.*
- ☐ Hispanic/Latino: *All persons of Chicano, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.*
- ☐ Pacific Islander: *A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.*
- ☐ White (not of Hispanic origin): *All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.*

How did you learn about this position? *Completing the following will enable us to determine which recruitment sources are most effective.*

- ☐ District website ☐ Employee referral ☐ HR Office ☐ CCC Registry
- ☐ CCC Job Fair ☐ Other college or university
- ☐ Newspaper (please specify): _____

Submit application materials to:

**OFFICE OF HUMAN RESOURCES
COMPTON COMMUNITY COLLEGE DISTRICT
1111 EAST ARTESIA BOULEVARD
COMPTON, CA 90221-5393**

Contact number for faculty and administrative jobs: (310) 900-1600, extension 2142

EL CAMINO COLLEGE COMPTON CENTER

Request for Equivalency

If you do not meet the minimum qualifications as stated on the job announcement, you must complete this form if you wish to claim the equivalent to the minimum qualification. Complete each portion of the form in detail to provide sufficient information to make a determination of equivalency. **It is the applicant's responsibility to provide complete information on this form.** Do not state "see transcripts" or "see resume".

Please type or print.

Part 1: Identify and complete the appropriate category for the equivalency request based on the minimum qualifications for the field or discipline in which the equivalency is requested.

My academic and professional background is equivalent to:

☐ Associate's degree and six (6) years full-time work experience in _____

☐ Bachelor's degree and five (5) years full-time work experience in _____

☐ Master's degree in _____

☐ Master's degree _____
with emphases and/or certificate in _____

☐ Bachelor's in _____ and Master's in _____

☐ Eminence in (Provide supporting documentation which may include written statements by experts in the discipline, evidence of the production of tangible products such as published works, invited presentations to discipline-related professional organization, awards and professional recognition, etc.)

Note: Teaching experience is not equivalent to experience in the discipline except for upper division or graduate teaching in the discipline.

Part 2: Identify the specific courses, workshops, related work experiences that document equivalency.

A. Academic Preparation: List the institution, course number and title, course level (graduate, upper division, lower division), and number of semester or quarter units for all classes that apply to the field or discipline in which equivalency is requested. For Associate's degree equivalency, list general education courses. Do not state "see transcripts." Attach additional sheets if necessary

Institution	Course Number	Course Title	Course Level	# of semester/ quarter units

Total: _____ (Note: 1 semester unit equals 2/3 quarter units)

Request For Equivalency (continued)

B. Workshops, Seminars, Other Training: List the institution, seminar/workshop title, and number of hours for all seminars, workshops, etc. that apply to the field or discipline in which the equivalency is requested. Attach additional sheets if necessary.

Institution	Title of Seminar	Workshop Dates	Number of Hours

C. Work Experience: List the company, duties, and dates for all full-time, and part-time employment that apply to the field or discipline in which equivalency is requested. Do not state “see resume”. Attach additional sheets if necessary.

D.

Company/Organization	Title	Dates	% Time Worked (Part time, full time)	# Years/ Months

Part 3: List any additional information that supports your application.

Certification: I certify that all of the foregoing statements are true, correct and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect.

Print Name

Sign Name