



EMPLOYMENT APPLICATION

POSITION DESIRED: _____ DATE: _____

Dr. Mr. Ms.

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELLULAR PHONE: _____ E-MAIL ADDRESS: _____

EDUCATION:

Colleges/Universities Attended and Location	Major(s)	Minor(s)	Degree
			<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
			<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
			<input type="checkbox"/> Completed <input type="checkbox"/> In Progress

Other schooling, courses, certificates, or special qualifications:

Do you possess an appropriate driver's license valid in the State of California? Yes No

EXPERIENCE: This section must be completed. Do not substitute resume. List present employer first.

DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)	STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB TITLE:
		DUTIES:
EMPLOYER NAME, ADDRESS, PHONE NUMBER:		
SUPERVISOR NAME AND TITLE:		REASON FOR LEAVING:
DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)	STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB TITLE:
		DUTIES:
EMPLOYER NAME, ADDRESS, PHONE NUMBER:		
SUPERVISOR NAME AND TITLE:		REASON FOR LEAVING:

EXPERIENCE: (continued)

DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)		STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB TITLE:
			DUTIES:
EMPLOYER NAME, ADDRESS, PHONE NUMBER:			
SUPERVISOR NAME AND TITLE:		REASON FOR LEAVING:	
DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)		STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB TITLE:
			DUTIES:
EMPLOYER NAME, ADDRESS, PHONE NUMBER:			
SUPERVISOR NAME AND TITLE:		REASON FOR LEAVING:	

I certify that the statements in this application are true and I understand that any misrepresentation or omission of material facts in this application may be cause for dismissal.

Signature

Date

REFERENCES: AUTHORIZATION OF RELEASE OF INFORMATION

If I am selected as a finalist for this position, I authorize representatives of the Napa Valley College District Auxiliary Services to obtain any information relating to employment with all my former and present employers listed on this application. This information may include, but is not limited to evaluation, attendance, or disciplinary information. It is not to include medical information.

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

Signature

Date

**Napa Valley College District Auxiliary Services is an Equal Opportunity Employer.
Napa Valley College maintains a drug-free workplace and requires that employees abide by that policy.**



APPLICANT NAME: _____

PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:

- 1) Are you related to anyone in our employ? Yes No
 - If yes, list name and relationship: _____
 - 2) Can you, after employment, submit verification of your legal right to work in the United States? Yes No
 - 3) Have you ever been convicted of a crime? Exclude convictions that have been sealed, expunged or legally eradicated:
 - Yes No
 - If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Napa Valley College District Auxiliary Services may not deny employment to any applicant solely because the person has been convicted of a crime. Employer, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.
- _____
- _____
- _____
- _____
- _____
- _____

I certify that the statements in this application are true and I understand that any misrepresentation or omission of material facts in this application may be cause for dismissal.

Signature

Date

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POSITION DESIRED: _____

DATE: _____

EMPLOYMENT POLICY STATEMENT

Napa Valley Community College District and District Auxiliary Services do not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, gender, sexual orientation, or age, and is subject to Title IX of the education amendments of 1972, Title VII of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. Questions concerning these policies should be addressed to the Dean, Human Resources, Napa Valley Community College District, 2277 Napa-Vallejo Highway, Napa, California 94558.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is necessary so the Napa Valley Community College District and District Auxiliary Services can evaluate its hiring practices and prepare reports for the state and federal governments, as required. The information is confidential. Your cooperation in providing the information on a voluntary basis will be appreciated.

Please check the boxes which best describe you:

1) Male Female Age 56 or over?

2) RACE/ETHNICITY

You may choose more than one; if multiple responses, please indicate your primary race/ethnicity. (See reverse side for definitions.)

Are you Hispanic or Latino? Yes No

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Mexican, Mexican-American, Chicano | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> South American | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Hispanic Other | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pacific Islander Other |

3) DISABILITY

Do you have a verified disability? (See reverse for definition.) Yes No

- If yes, does it substantially restrict one or more major life activities (major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and holding gainful employment.)? Yes No

Reasonable accommodation is available to persons with disabilities to facilitate access to the employment process. Arrangements may be made by contacting the Office of Human Resources at (707) 256-7100 (voice) or (707) 253-3085 (TDD).

4) HOW DID YOU FIRST LEARN OF THIS POSITION?

Job Fair NVC Job Line NVC Bulletin Board Other (please specify): _____

Newspaper Advertisement:

- Napa Valley Register
 Fairfield Daily Republic
 Chronicle of Higher Ed
 Other newspaper _____

Website:

- Chronicle of Higher Ed
 CCC Registry
 NVC website
 Monster
 Hispanics In Higher Ed
 Blacks In Higher Ed
 Asians In Higher Ed
 Other website: _____

ETHNIC GROUP DEFINITIONS

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American

A person 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 origin, or other Spanish cultures or origins, regardless of race.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DEFINITION OF PERSON WITH A DISABILITY

One 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 impairment, or (3) is regarded as having such impairment. (Title V, 53001j)