

DAS EMPLOYMENT APPLICATION

POSITION DESIRED: _____ DATE: _____

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:			

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

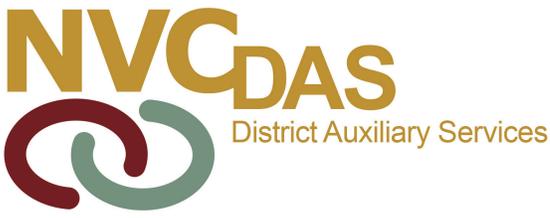
DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)	STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB TITLE:
EMPLOYER NAME, ADDRESS, PHONE NUMBER:		DUTIES:
SUPERVISOR NAME AND TITLE:		REASON FOR LEAVING:
DATES OF EMPLOYMENT: FROM TO (Mo/Yr) (Mo/Yr)	STATUS: <input type="checkbox"/>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

EXPERIENCE: (continued)

DATES OF EMPLOYMENT: FROM (Mo/Yr) TO (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 (Mo/Yr) TO (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:	

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) Some positions require driving as outlined in the job description. If you are applying for such a position, do you have a valid Drivers License? Yes No
 - If you are unsure if this applies to the position you are applying for, leave this question blank.
- 4) How did you first learn of this position?
 - Job Fair
 - Indeed
 - NVC Website
 - Newsletter
 - NVC Bulletin Board
 - Other (please specify):



APPLICANT NAME: _____

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.

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

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

POSITION DESIRED: _____

DATE: _____

