

# FACULTY/MANAGEMENT APPLICATION PACKET

## GENERAL INFORMATION TO THE APPLICANT

### EMPLOYMENT PROCESS

- The District must receive all materials requested on the “Announcement of Employment Opportunity” **no later** than the Guaranteed Review Date noted on the position announcement (**postmark date will not suffice**). Applications received after the Guaranteed Review Date will only be forwarded to the hiring committee upon the request of the committee.
- Please review the job announcement and gather all the documents required to apply for the position. Every position requires a diversity statement (see job announcement for further details). A diversity statement is information you provide which demonstrates your understanding of, sensitivity to, and respect for the diverse academic, socio-economic, ethnic, religious, and cultural backgrounds, disability, and sexual orientation of community college students, faculty and staff.
- Human Resources **will not** accept applications via e-mail or fax. All materials in your file become District property, will not be returned, and will be considered for this vacancy only.
- A search committee will screen applications to select candidates for interviews. **Meeting the minimum qualifications for a position does not guarantee that an applicant will receive an interview.** Generally, candidates selected for an interview will be contacted by telephone as soon as possible after the close/review date. Committees of at least three members conduct all interviews.
- Foreign transcripts and degrees requiring translation and official certification of equivalence to U.S. transcripts and degrees must be provided by applicants using a certified U.S. review service by the application deadline.
- Reference checks for finalists will be conducted.
- The District reserves the right to re-advertise, postpone or cancel positions.

### ACCOMMODATION

- Persons with disabilities who require assistance in completing the application and/or reasonable accommodation to complete the employment process must contact Employment Services with the request. Applicants must make the request prior to the application review/close date for assistance in completing the application. Applicants must contact Employment Services before the interview date for assistance with the interview.

### BENEFITS

- Employees in the District participate in either the State Teachers Retirement System (STRS) or the Public Employees Retirement System (PERS). We offer an excellent and generous fully paid package that includes medical coverage for the employee and eligible dependents. There are three health plans to choose from: HMO, EPO, and PPO. The District also pays dental, vision care, long-term disability insurance and basic life insurance, and provides an employee assistance program that offers information, referral and short-term counseling. The District also offers excellent vacation and sick leave benefits as well as staff development opportunities and reimbursement for some educational expenses.

# FACULTY/MANAGEMENT EMPLOYMENT APPLICATION

**A separate application is required for each announcement.**

Complete the application in its entirety. Do not leave any section unanswered. If an item does not apply to you, write NOT APPLICABLE or N/A. If you require a reasonable accommodation to complete the application or interview process, please notify Employment Services. **Please type or print your answers. If you print, please do so in blue or black ink and write neatly. Include your name and announcement number on any documents accompanying this application packet.**

**The District is an Equal Opportunity Employer.**

## SECTION I- PERSONAL INFORMATION

Announcement #: \_\_\_\_\_ Position Title: \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_ Name: \_\_\_\_\_  
Last four digits of your social security #      # M #D      First      M.I.      Last

Address: \_\_\_\_\_  
\_\_\_\_\_ Street      City      State      Zip

(\_\_\_\_) (\_\_\_\_) E-Mail Address \_\_\_\_\_  
Home Telephone      Alternative Telephone

**I am a U.S. citizen or otherwise authorized to work in the United States on an unrestricted basis:** \_\_\_\_No\_\_\_\_Yes  
(Proof of identity and eligibility will be required upon offer of employment.)

Are you currently an employee of Foothill-De Anza Comm. College District? \_\_\_\_No\_\_\_\_Yes Permanent [ ☐ ] Temporary [ ☐ ]  
Part-Time Faculty [ ☐ ]

## SECTION II-EDUCATION/TRAINING

(Attach an additional sheet(s) if necessary.) If you are seeking equivalency, you must complete the Request for Equivalency Form. Refer to job announcement for transcript requirements.

Institution City, State, Country	Total Units Completed (Indicate sem./qtr.)	Date Attended From      To		Degree or Certificate (If applicable)	Course of Study/Major

**Professional activities and references:** If applicable, include on your resumé published writings, honors and awards, community involvement, membership in professional organizations, and any licenses and certificates held that support your qualifications for this position. You may list up to five professional references that would be able to verify your education, training and/or applicable work experience.

### SECTION III-EMPLOYMENT HISTORY

A resumé or vita will not serve as a substitute for this completed section. Begin with your most recent position. Please list all pertinent employment experience. Attach additional sheet(s) as needed.

Dates Employed From: ____/____/____ Mo. Yr.	To: ____/____/____ Mo. Yr. Enter "present" if still employed _____	Total: Yrs./Months	Hours Per Week:
Name of Employer:		Phone ( )	
Address of Employer (City, State, Zip, Country)			
Job Title or occupation:		May we contact? ____No ____Yes If no, when may we contact?	
____Full-Time ____Part-Time (Indicate % of time worked)		Supervisor's Name: Supervisor Phone # ( ) ____-____ Title:	
Duties and Responsibilities:			

Dates Employed From: ____/____/____ Mo. Yr.	To: ____/____/____ Mo. Yr.	Total: Yrs./Months	Hours Per Week:
Name of Employer:		Phone ( )	
Address of Employer (City, State, Zip, Country)			
Job Title or occupation:		May we contact? ____No ____Yes If no, when may we contact?	
____Full-Time ____Part-Time (Indicate % of time worked)		Supervisor's Name: Supervisor Phone # ( ) ____-____ Title:	
Duties and Responsibilities:			

Dates Employed From: ____/____/____ Mo. Yr.	To: ____/____/____ Mo. Yr.	Total: Yrs./Months	Hours Per Week:
Name of Employer:		Phone ( )	
Address of Employer (City, State, Zip, Country)			
Job Title or occupation:		May we contact? ____No ____Yes If no, when may we contact?	
____Full-Time ____Part-Time (Indicate % of time worked)		Supervisor's Name: Supervisor Phone # ( ) ____-____ Title:	
Duties and Responsibilities:			

### SECTION IV-DIVERSITY STATEMENT

**On a separate sheet(s), please write a statement on your understanding of, sensitivity to, and respect for the diverse academic, socio-economic, ethnic, religious, and cultural backgrounds, disability, and sexual orientation of community college students, faculty and staff.**

I hereby certify that all entries on this Application for Employment and other statements made by me are true and correct, and that I have not omitted or withheld any material information. I also authorize my former employers and other individuals to give any information concerning me, whether or not it is in their records, and I hereby release them and their companies or institutions from any liability whatsoever. I understand that I will be subject to dismissal if anything in this application and the supporting documents I have provided is found to be untrue.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

## REQUEST FOR EQUIVALENCY

If you do not meet the minimum qualifications as stated on the Position Announcement, you must complete this form if you wish to claim equivalence to the minimum qualifications. Complete each portion of this 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 resumé." Please put your name on any documents accompanying this form.

**Note: Teaching experience is not equivalent to experience in the discipline.**

**Please type or print:**

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

Position Title: \_\_\_\_\_

Discipline or field required for position: \_\_\_\_\_

Minimum qualifications for the discipline or field in which the equivalency is requested: \_\_\_\_\_

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**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:**

☐ A.A. degree + 6 years' full-time work experience in \_\_\_\_\_

☐ Bachelor's degree + 2 years' full-time work experience in \_\_\_\_\_

☐ Master's degree in \_\_\_\_\_

☐ Master's degree in \_\_\_\_\_

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 organizations, awards and professional recognition, etc.) Attach additional sheets if necessary.

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**Part 2: Identify the specific courses, workshops, and 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. Do not state, "See transcripts."

Institution	Course Number	Course Title	Course Level	# Sem. Units or # Qtr. Units
Total # Semester Units: 1 sem = 2/3 quarter units				Total _____

B. **Workshops, Seminars, Other Training:** List the institution(s), seminar/workshop title(s), and number of hours for all seminars/workshops/etc. that apply to the field or discipline in which the equivalency is requested.

Institution	Title of Seminar/Workshop	Dates	# Hours

C. **Work Experience:** List organization(s), 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 resumé."

Company/Organization	Duties	Dates Worked	% Time	# Yrs./Mos.
				<b>Total # Yrs./Mos. _____</b>

**Part 3: List any additional information that supports your application.** Attach additional sheets if necessary.

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**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 \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Received/Employment Services \_\_\_\_\_  
 Sent to Search Committee/Dean \_\_\_\_\_  
 Received/Search Committee/Dean \_\_\_\_\_  
 Received Equivalency Committee \_\_\_\_\_

# MANDATORY SECURITY QUESTIONNAIRE AND VOLUNTARY DEMOGRAPHIC SURVEY

## MANDATORY SECURITY QUESTIONNAIRE

Have you ever been convicted of a crime? (You do not need to disclose convictions arising out of minor violations of the Vehicle Code, but you do need to disclose all misdemeanor and felony convictions, even those later set aside under Penal Code Section 1203.4.) Convictions will not necessarily bar you from employment.

\_\_\_\_ No \_\_\_\_ Yes If yes, please explain: \_\_\_\_\_  
Attach additional sheets if necessary

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTARY DEMOGRAPHIC SURVEY

The Foothill-De Anza Community College District is committed to equal opportunity and diversity. We are actively recruiting persons with disabilities and all other qualified candidates. We request your completion of the following information to assist in the successful implementation of our program. Completion of this form is voluntary. The information you provide will be used for reporting purposes only, and not for employment decisions. The information provided will be kept confidential. Employment Services will detach this form from the application packet prior to forwarding your application materials to the search committee.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First M.I. Last

Job #: \_\_\_\_\_ Position Title: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

### Race/Ethnic Identification: (Circle only one)

- |  |              |                |                             |                      |                  |
|--|--------------|----------------|-----------------------------|----------------------|------------------|
| (AI) American Indian/Alaskan Native      | (H) Hispanic | (W) White      | (AA) African American/Black | (X) Decline to State |                  |
| (O) Other                                |              | (Non-Hispanic) | (Non-Hispanic)              |                      |                  |
| (AP) Asian/Pacific Islander (circle one) |              |                |                             |                      |                  |
| (1) Vietnamese                           | (2) Filipino | (3) Japanese   | (4) Chinese                 | (5) Korean           | (6) Cambodian    |
| (7) Laotian                              | (8) Hawaiian | (9) Guamanian  | (10) Samoan                 | (11) Asian Indian    | (12) Other Asian |
| (13) Other Pacific Islander              |              |                |                             |                      |                  |

Do you have a disability? \_\_\_\_No \_\_\_\_Yes Specify: \_\_\_\_\_

(An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more life activities; or (2) a record of such impairment; or (3) is regarded as having such an impairment.) If you require a reasonable accommodation to complete the application or interviewing process, please notify Employment Services.

### Are you a Vietnam-era veteran?

Service dates must be between August 5, 1964, and May 7, 1975 \_\_\_\_No \_\_\_\_Yes

### Advertising, Recruitment, Outreach and Promotion Sources and Activities

In order to effectively assess the Foothill-De Anza recruitment, outreach, advertising and promotion sources and activities, we need your assistance. Please indicate specifically the source or activity that made you aware of the position for which you are applying.

#### NEWSPAPERS

- \_\_101-San Jose Mercury
- \_\_102-Chronicle of Higher Education
- \_\_130-Viet Mercury
- \_\_131-Nuevo Mundo
- \_\_132-AsianWeek
- \_\_103-Other Newspaper-Specify \_\_\_\_\_

#### PUBLICATIONS

- \_\_104-The Registry-California Community Colleges
- \_\_105-Employment Flyer/Poster
- \_\_106-Publications/Journal-Specify \_\_\_\_\_
- \_\_107-Newsletter

#### SOURCE

- \_\_108-Professional Association/Organization
- \_\_110-Career Planning and Placement
- \_\_112-Unidentified
- \_\_118-Foothill-De Anza Employment Services Website
- \_\_134-Career Builder
- \_\_115-Job Fair
- \_\_135-Hot Jobs
- \_\_121-Other Internet Resources-Specify \_\_\_\_\_

- \_\_109-Personal Referral/Individual Contact
- \_\_111-Foothill-De Anza Employment Services Office
- \_\_116-Registry
- \_\_119-Foothill-De Anza Employment Listserver
- \_\_113-Conference
- \_\_114-Community Agency