



LOS ANGELES COMMUNITY COLLEGES

City • East • Harbor Mission • Pierce • Southwest • Trade-Technical • Valley • West

APPLICATION FOR FACULTY POSITION

A SEPARATE APPLICATION PACKET IS REQUIRED FOR EACH POSITION

Job Title: _____ Date: _____

Name _____ Social Security No. _____
 Last Name First Name M.I.
 Address _____ Telephone () _____
 City _____ Alternate Telephone () _____
 State _____ Zip _____ Email Address _____

Are you authorized to work in the United States? Yes No.

(MANDATORY) As an applicant of the Los Angeles Community College District (LACCD), you must provide a valid email address. This email address may be used for correspondence regarding your recruitment status, selection or initial hiring with the LACCD.

Check your employment interests: Full time (tenure-track or temporary) Part time (hourly rate) Both

EDUCATION SUMMARY ("see resume" is NOT acceptable): Begin with the most current education first.

Name of Institution	Location	Major or subject	Diploma or degree earned	Date from (mo./yr.)	Date to (mo./yr.)

EXPERIENCE SUMMARY ("see resume" is NOT acceptable): Abbreviate related experience in the table below for quick reference by staff. Indicate experience that relates to subject for which applying.

Employer (name of Institution or Individual; city and state)	Title and description of position or course	Employed from (mo./yr.)	Employed to (mo./yr.)	Full time, or percentage of full time

PAGE LIMIT: The number of supplementary pages attached to your application is limited to eight (8) single-sided pages, size 8 1/2 x 11 inches, including the resume but not including transcripts. Do not include video, slides, CD, books, dissertations, photographs, etc.

UNSOLICITED MATERIALS, INCLUDING LETTERS OF REFERENCE WILL BE DESTROYED. They will not be returned.

TEACHING SPECIALIZATION

Please list topics in your teaching are in which you have taught or have the particular background to teach (can be detailed in your resume).

CREDENTIALS

You do not have to have a credential if you can qualify with the required degree (generally a master's degree in the subject, for academic subjects). List below valid acceptable California teaching credentials you hold, and include a legible photocopy of each credential listed. Standard Secondary and adult credentials are not acceptable for this position. Credentials are no longer issued or renewed and may not suffice for job qualification. Credentials are not required provided the applicant meets minimum degree/experience requirements which vary by subject. Attach extra page if needed. CDD Director and Teacher will require appropriate permits/credentials.

Exact title of credential	Subject authorization (major)	Subject authorization (minor)	Date Issued	Date of expiration

LICENSES AND CERTIFICATES

Complete only if required for this subject field, e.g. Cosmetology, Dental Hygiene, Nursing, Real Estate, Aeronautics/Aircraft Mechanics, etc.

Name of license or certificate	Number	Date Issued	Date of expiration

REFERENCES

The contact information for three confidential references are requested. Telephone numbers are required since the referents listed may be contacted by the District by telephone. You should include all your immediate supervisors for the last three years. Experience teachers should include supervising administrators, and may include department heads or supervisors. Do not submit letters of reference.

Name and title of referent	Address	Telephone (include area code)

IMPORTANT NOTICE - PLEASE READ CAREFULLY BEFORE SIGNING - Applicant's Certification and Agreement

I hereby certify that all my statements and answers which I submit or have submitted in this employment application are true and complete to the best of my knowledge and made without any reservation or evasion. I understand that untrue, falsified or incomplete statements, or omission of requested information, in the application may be considered cause for rejection of the application or for dismissal. I understand that the District may conduct an investigation into my application to the extent authorized by law. I understand I will not be permitted to review my application file. I authorize all of my previous employers, personal references, (and public or private agencies that have issued me a professional or vocational license) to respond to verbal or written inquiries from the District regarding my employment. I also request and consent to the release and disclosure of all educational records from any and all public or private educational institutions that I have attended to the District, including, but no limited to: all records of my academic performances, courses taken, grades, diplomas, degrees, and other honors conferred. I also authorize investigation of all statements made in my application to the extent authorized by law. I understand that the District will treat materials and information obtained by investigation of my background and application as confidential employment records.

Signature _____ Date _____

Applicant's checklist:

- ___ Application Form C101
- ___ Voluntary Diversity Form C818
- ___ Resume
- ___ Transcripts