



Los Angeles Community College District
CLASSIFIED EXAMINATIONS
An Equal Opportunity/Affirmative Action Employer
 770 Wilshire Boulevard, Los Angeles, California 90017
 (213) 891-2129 (213) 891-2408 TDD http://www.laccd.edu

TIME STAMP
DO NOT WRITE HERE

It is the policy of the Los Angeles Community College District to maintain a drug-free workplace

IMPORTANT! FOLLOW THESE INSTRUCTIONS!

Please print this form out on legal size paper and fill it out by hand (please print the requested information) or type in the information using a typewriter. Complete all sections on this application form. Information you omit may result in the disqualification of your application. After completion, please submit this form directly to the Personnel Commission. You can send it via mail, courier, or fax to:

Personnel Commission
770 Wilshire Blvd., 4th Floor,
Los Angeles, CA 90017
FAX (213) 891-2238.

CLASS TITLE _____

INITIATING LOCATION _____ **CONTACT** _____ **EXT.** _____

PROVISIONAL APPLICATION

Upon approval of this application, you are eligible for a provisional assignment in the class specified above. Provisional assignments are temporary employment and do not provide many of the benefits afforded to regular employees, are of limited duration, are subject to time and hour changes, and may be terminated at any time at the discretion of the District. To be eligible to continue in temporary employment and/or to obtain regular employment, you must successfully compete in an examination process. Your name will be registered for the appropriate examination upon approval of this application. The next time an examination for this class is scheduled, a job bulletin and application form will be mailed to the address you provide below. If you change your address, it is your responsibility to notify the Personnel Commission in writing. If you choose not to participate in the examination process, or if you fail to pass the examination, your provisional assignment is subject to immediate termination.

Upon employment, you must be prepared to provide proof of eligibility to work legally in the United States.

 First Name Middle Name Last Name

 Street Address City State Zip Code
 (____) (____)
 Home Phone Business Phone E-mail address Calif. Driver's License No. Social Security No.

LICENSES AND CERTIFICATES: Complete ONLY if a requirement of the JOB CLASS.

 Name of license/certificate Number Date Issued Date Expires

Answer ALL questions below:

Have you ever been separated from the military service on any basis other than an honorable one?
 Yes No If "Yes," explain on a separate sheet.

Have you ever been dismissed or forced to resign from any job?
 Yes No If "Yes," explain on a separate sheet.

Have you ever been an employee of the Los Angeles Community College District?
 Yes No Employee number: _____

Do you have a relative employed by the Los Angeles Community College District?
 Yes No Name of relative: _____

EDUCATION: Any required courses or units as stated in the job classification MUST be listed below or as a separate attachment.

Did you graduate from high school or receive a GED? Yes No

If not, indicate last grade successfully completed 8 9 10 11

COLLEGE UNDERGRADUATE AND GRADUATE SCHOOLS								
Dates Attended From To	Name of School	Location		Major	Units in Major	Total Sem. Units	Total Qtr Units	Specify Degree Received
		City	State					

VOCATIONAL, BUSINESS, MILITARY, or CORRESPONDENCE SCHOOLS						
Dates Attended From To	Name of School	Location		Subject	Total No. Hours	Specify Certificate Received
		City	State			

LAST NAME

First

Middle

WORK EXPERIENCE: Read the experience requirements in the job announcement before completing this section. **Begin with your most recent job.** List **ALL** jobs for at least the last 10 years; and be sure to include **ALL** experience which may help to qualify you for the job you are seeking. If you need more space, attach separate sheets. *We do not accept resumes in lieu of a completed application form.*

Job Title of Your Present or Most Recent Position		Reason for Leaving			
Employer	Phone	Number and Street	City	State	Zip
Type of Business and Number of Employees		Number and Type of Employees You Supervised			
Name and Title of Your Supervisor		Name and Title of Your Next Higher Supervisor			
Dates (Month & Year)		Total Time	Hours Each Week	First Salary	Last Salary
From	To	Yrs	Months		

If you are currently employed by the above organization (except current employees of the Los Angeles Community College District) and you do not wish us to contact your employer, put an "X" in this box:

Description of Duties Performed:

Job Title of Position You Held Before the One Above		Reason for Leaving			
Employer	Phone	Number and Street	City	State	Zip
Type of Business and Number of Employees		Number and Type of Employees You Supervised			
Name and Title of Your Supervisor		Name and Title of Your Next Higher Supervisor			
Dates (Month & Year)		Total Time	Hours Each Week	First Salary	Last Salary
From	To	Yrs	Months		

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Job Title of Position You Held Before the One Above		Reason for Leaving			
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Type of Business and Number of Employees		Number and Type of Employees You Supervised			
Name and Title of Your Supervisor		Name and Title of Your Next Higher Supervisor			
Dates (Month & Year)		Total Time	Hours Each Week	First Salary	Last Salary
From	To	Yrs	Months		

Description of Duties Performed:

Your signature below affirms that all information on this application is true, to the best of your knowledge.



SIGN YOUR NAME HERE



DATE

DO NOT WRITE IN THIS SPACE

*Qualified By _____
 Must submit evidence of:

Disqualified By _____
 Education Experience
 License Military Discharge
 Dismissal Other

LOS ANGELES COMMUNITY COLLEGE DISTRICT
PERSONNEL COMMISSION

**ADDITIONAL
INFORMATION SHEET**

*This area can be used for any additional information you wish to include with your application
(work experience, educational coursework, explanation of dismissals, etc.)*
