



Post Office Box 334
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mclooneymycc@aol.com
www.mycollegeconnection.org

APPLICANT SURVEY

Please complete for each job opening. A part of the application process for all positions with the My College Connection Program is the Applicant Survey. Providing this data is voluntary; it will be kept confidential. Choosing not to complete this form will not affect your opportunity for employment with the My College Connection Program.

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Phone: Home: _____ Cell: _____

Position Title: _____

Affirmative Action/Equal Employment Opportunity Data

Please select one category only. If two or more racial/ethnic categories are applicable, choose the one category with which you most closely identify.

Race/Ethnicity:

- White (Not of Hispanic origin)
- Black/African-American
- American Indian or Alaskan Native
- Chinese/Chinese-American
- Japanese/Japanese-American
- Filipino/Philipino
- Pakistani/East Indian
- Other Asian
- Latin-American/Latino
- Mexican/Mexican-American/Chicano
- Other Spanish/Spanish – American

Gender:

- Male Female
- I do not wish to provide this information

Recruitment Sources:

Please indicate how you heard of this job vacancy:

- Job Announcement/Bulletin
- College Staff Member
- My College Connection Employee
- My College Connection Job Announcement E-mail
- Community or Professional Organization—Specify: _____
- Internet—Specify: _____
- Other—Specify: _____
- Magazine/Journal Advertisement—Specify: _____

My College Connection Program

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My College Connection Program
 Post Office Box 334
 Moreno Valley, California 92556

Today's Date		
Mo.	Day	Yr.

PLEASE
PRINT

Position Title
County

A Separate Application is Required for Each Position.

Last Name	First	Middle	Referred By
Address No. and Street		City	State
		Zip Code	Home Phone
			Work or Message Phone

Other Names You Have Used While Employed	Will you work: Full Time <input type="checkbox"/> Permanently <input type="checkbox"/> Part Time <input type="checkbox"/> and Temporarily <input type="checkbox"/>	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Under Federal law, the My College Connection Program may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986.	Do you have the legal right to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	In case of emergency, contact: Day Phone
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Have you ever been convicted of a criminal offense by any court? This includes any offense where you were found guilty, pled guilty, or pled nolo contendere. You may omit:
 a. traffic violations for which the fine imposed was \$300.00 or less;
 b. conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or
 c. any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses.
 Yes No
 If your answer is "yes", please list the dates, places and specific offense(s) on this form. A conviction will not necessarily disqualify you from consideration for employment.

EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	College: 1 2 3 4	Graduate: 1 2 3 4
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Names of schools attended beyond high school. Include technical, military, professional, college or university.	Location	Dates(Mo/Yr)		No. of Units Completed	Scholastic Average	Degree or Diploma	Major	Minor	Answer these questions if the position you are applying for requires proficiency in language(s) .
		From	To						
									Speak
									Read
									Write

Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", where?	What hours?	Course of study:	Do you plan further educational study? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what field and where?
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Did you take the SAT? (for informational purposes only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Reading/Verbal	Writing	Math
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List Extracurricular Activities, Organizations, and/or Affiliations:

Additional information including special projects, skills, training, special interests and community activities. (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry or physical handicap.) BE SURE TO HIGHLIGHT EXPERIENCE WORKING WITH YOUTH

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EMPLOYMENT RECORD

List your present or most recent employer FIRST and include U. S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude names or organizations which may reveal your race, color, religion, national origin or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate.

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
		No. Hrs. Per Week	Your Immediate Supervisor	
			Reason for Leaving	
			May we contact your current employer?	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
		No. Hrs. Per Week	Your Immediate Supervisor	
			Reason for Leaving	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
		No. Hrs. Per Week	Your Immediate Supervisor	
			Reason for Leaving	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:

To:		Position Title	
	No. Hrs. Per Week	Your Immediate Supervisor	
		Reason for Leaving	

OTHER EXPERIENCE:

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:		Type of Business	Duties Performed:
To:		Position Title	
	No. Hrs. Per Week	Your Immediate Supervisor	
		Reason for Leaving	

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:		Type of Business	Duties Performed:
To:		Position Title	
	No. Hrs. Per Week	Your Immediate Supervisor	
		Reason for Leaving	

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for separation.

APPLICANT'S SIGNATURE

Date