

## SLOCCD Short/Term-Temporary Employment Application

## SLOCCE

P.O. Box 8106, San Luis Obispo CA 93403 (805) 546-3129 / Fax: (805) 546-3906

Position(s) for which you are applying:

PERSONAL INFORM	<u>MATION</u> :			
Legal Name:	First	Middle		Last
Mailing Address:		Middle		Last
	Number, Street, Apt./Unit, PO Box	City	State	Zip
Physical Address:				
5	Number, Street, Apt./Unit	City	State	Zip
Daytime Number:	Cell Nun	nber:	Evening Numb	oer:
Email Address:		Student ID:		
employment. Fingerprint to being allowed to work Please identify any relati	Luis Obispo County Community College will initiate a DOJ background check that. In addition, within 60 days of employments we (child, parent, spouse, or domestic part not have a relative employed by SLOCCE	at must be reviewed and appent, all employees are REQ	proved by the Vice President UIRED to submit a negative step-relatives in the space pr	Human Resources or designee prio Tuberculosis Skin Test.
EDUCATIONAL TRA	AINING:  Location (City/State)	,	Grades Completed	Applicants Initial ————————————————————————————————————
EXPERIENCE: List e	mployment and experience during the	e past ten years only	Duties	Left Due To
EMPLOYMENT REF	Please FERENCE: List three reference who h Address, City			aber(s)
both traditional and non-t the right to hold liable tho appointments not to excee	Community College District is an equal opporaditional openings. I certify under penalty se persons whom I have listed as employmend 175 working days per year. Assigned worlfy for fringe benefit coverage, paid vacation.	of perjury that the statemen nt references. Short-Term/To adays and hours may vary. E	ts above are true and complete emporary position assignments employment is at will and may be	to the best of my knowledge. I waive are non-classified/non-academic be terminated at any time. This
	Applicant's Signature			Date