



Position applied for		Filing deadline	
<ol style="list-style-type: none"> 1. Applications are accepted only for positions that are currently open. 2. For FWS: you must have completed a current academic year FAFSA application and listed Hartnell College on the FAFSA. (Code:001209) 3. You must have a completed financial aid file for the current academic year. 4. You must have been awarded Federal Work Study allocation. Check your award letter using PAWS for students at www.hartnell.edu. (click PAWS for students) 5. You must be in a Good SAP, Warning SAP, or probation SAP standing, and have a minimum 2.0 semester GPA, and 2.0 cumulative GPA. 6. You must be enrolled in a least 9 units for FWS or 12 units for the appropriate semester (fall/spring) 7. Please type or print with black or blue ink. 8. Fill out application completely. 9. Incomplete or illegible applications may not be considered. 10. Indicate the position title on each application; copies are acceptable. 11. Allow a minimum of two weeks after the filing deadline to be contacted about your application status. 12. Don't forget to sign and date your application. 13. Contact us to request an accommodation, if needed. 14. Information or documentation not solicited may not be considered. 			

Student ID						
	Hartnell ID Ç		Units enrolled Ç		Current GPA Ç	
Name						
	Last Ç		First Ç		Middle Ç	
Present Address						
	Number and Street Ç				City Ç	
Telephone (Day)			E-Mail Address È			
Telephone (Evening)			±			

Did you graduate from high school or do you possess a GED or equivalent?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, enter the highest grade you completed
Name of High School	Location City/State	Diploma/ GED Received	Other		

Speak		Write	
Read		Fluency	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Typing Speed	_____ net wpm	Database	
Word Processing		Internet	
Spreadsheet		Other	
Operating System			

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List your experience, listing most recent employment first. If you had more than one position with the same employer, list each position separately. If more space is needed, continue on a copy or blank sheet of paper using the same format.

Position/Title				Employer						
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
Supervisor's Name and Title								Telephone		
Address	Number and Street			City		State	ZIP			
Description of duties performed										
Reason for leaving										
Position/Title				Employer						
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
Supervisor's Name and Title								Telephone		
Address	Number and Street			City		State	ZIP			
Description of duties performed										
Reason for leaving										

(Please read carefully before signing.)

This application and all supporting documents become the property of Hartnell Community College District ("the District") and will not be returned.

Certification: I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in my dismissal from employment with the District.

I authorize the District to investigate my references, work record, education, performance evaluations, or any other matters relating to my suitability for employment. I authorize and direct my former or current employers and educational institutions to release to the District any information they may have concerning my employment or education. I also authorize the District to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties listed above from any and all liability related to supplying or gathering any information about my suitability for employment.

I also understand that an incomplete application may delay or prevent employment opportunities with the District. I hereby release the District, as well as those contacted by the District, from any liability or damage that may result from providing or using the information requested.

Today's Date	
Print your Name	
Signature	