EVERGREEN VALLEY COLLEGE

Application for Student Success Ambassador

General Information and Instructions

Position applying for		Filing deadline	

1. Applications are accepted only for positions that are currently open.
2. For Federal Work Study (FWS) applicants, please also submit a Federal Work Study Application.
3. Please type or print with black or blue ink.
4. Please fill out application completely. If there is a section that does not apply to you, please write "N/A" to let the reviewer know you did not accidentally leave the section blank.
5. Incomplete or illegible applications may not be considered.
6. Allow a minimum of two weeks after the filing deadline to be contacted about your application status.
7. Don't forget to sign and date your application.
8. Contact us to request an accommodation, if needed.
9. Information or documentation not solicited may not be considered. Please reference the original job announcement to determine if additional documents are required or recommended.

Personal Information

Student ID				
	EVC ID ↑	Units enrolled ↑	Current GPA ↑	FAFSA Yes No ↑
Name				
	Last ↑	First ↑	Middle ↑	Other Name(s) Used ↑
Present Address				
	Number and Street ↑		City ↑	State ↑ Zip ↑
Telephone (Day)	( ) −	E–Mail Address ↓		
Telephone (Evening)	( ) −			

Education

Did you graduate from high school or do you possess a GED or equivalent?	☐ Yes ☐ No	If no, enter the highest grade you completed→	
Name of High School	Location City/State	Diploma/ GED Received	Other

Foreign Languages

Speak		Write	
Read		Fluency	☐ Excellent ☐ Good ☐ Fair

Office Skills - List typing speed and programs you can use proficiently

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

Special Skills, Certifications or Licenses related to Job Applying for

Employment and/or Volunteer Work History

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	☐ Full–Time	☐ 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	☐ Full–Time	☐ Part–Time
Supervisor's Name and Title		Telephone ( ) –	
Address	Number and Street ↑	City ↑	State ↑ ZIP ↑
Description of duties performed			
Reason for leaving			

Certification and Agreement of Applicant *(Please read carefully before signing.)*

This application and all supporting documents become the property of the San Jose/Evergreen Valley 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	