

Instructor Name: _____

Agency: UC Davis Fire Department

Contract Instructors



Documents Req'd

1. Los Rios Application -(See attached)
2. Verification of Occupation Experience-(See attached)
3. Contract (Attachment A)- (See attached)
4. Transcripts or Copy of Degree

	Date	Initials
File Created		
Submitted to HR		
Scanned		
Indexed		
P-38 Required	Yes	No
HR Approved		
Copy to Agency		

QUALIFICATIONS: Check appropriate box and provide supporting documents.

- Minimum qualifications for this discipline as listed on the job announcement. **(Enclose unofficial transcripts from an accredited college/university and/or evidence of job experience.)**
- A valid California Community College Credential for this discipline. **(Enclose a copy of appropriate credential with application.)**
- Qualifications equivalent to those listed in the job announcement. **(Enclose evidence to support this claim. Actual determination of equivalency will be made by faculty from the discipline. Enclose a copy of form P-38 if already determined by campus to be "equivalent".)**

EQUAL OPPORTUNITY: As an equal opportunity employer with a diverse staff and student population, the Los Rios Community College District is committed to creating an inclusive and effective learning and working environment for all. Please describe how your experience and background have prepared you to contribute to this commitment and diversity.

COLLEGE/PROFESSIONAL/COMMUNITY ACTIVITIES AND HONORS: List principal activities in which you have participated. Include honors received and offices held.

OTHER SKILLS/SPECIALIZED TRAINING (i.e. computers/technology, instructional media, etc.):

PROFESSIONAL REFERENCES:

Name and Position	Institution	Address	Phone Number
			()
			()
			()

The following information must be completed:

Can you perform the requirements of this position with or without accommodation? Yes No

(See job announcement for requirements.)

Have you EVER been convicted of an offense other than a minor traffic violation (you must disclose convictions that have been dismissed pursuant to Penal Code Section 1203.4)? (Ed. Code 87008) Yes No

If yes, request Form No. P-881 from the Human Resources office, complete it, and attach to application. The completed form is not forwarded to the colleges with your application for employment consideration.

VERIFICATION AND RELEASE

By signing this application, I certify that the information provided by me is true, correct and complete to the best of my knowledge and belief. I authorize investigation of all statements contained herein, and I release from liability all persons and organizations furnishing such information. **I understand that any misstatements, omissions or misrepresentation of facts on this application may be cause for disqualification or dismissal.** If offered employment, I will submit verification of my legal right to work in the United States. I will abide by the District's policy on a drug and alcohol-free workplace.

Signature (Not valid unless signed)

Date of Application

Any application, resume or other materials submitted, either solicited or unsolicited, for employment at Los Rios Community College District will become the property of the District and will not be returned to the applicant.

Although every attempt is made to maintain confidentiality, applicants should realize that a broad spectrum of campus personnel may be involved in the selection process.

LOS RIOS COMMUNITY COLLEGE DISTRICT

Demographic Survey
(Confidential Use Only)

As an equal opportunity employer, we are required to compile summary data on applicants and District employees. We are requesting your assistance in providing the information below. The completion of this questionnaire is voluntary on your part. It will be kept confidential and separate from all hiring processes and personnel files.

Applicant SSN or Employee ID: _____

Name: _____ Male Female

Position Title: _____ Position Number: _____
(if applicable)

Please select one of the following groups with which you most identify:

Asian:

Asian Indian
 Cambodian
 Chinese
 Japanese
 Korean
 Laotian
 Vietnamese
 Other Asian (Specify) _____

Native Hawaiian/ Other Pacific Islander:

Filipino
 Guamanian
 Hawaiian
 Samoan
 Other Pacific Islander
(Specify) _____

Hispanic:

Central American
 Mexican, Mexican-American, Chicano
 South American
 Other Hispanic (Specify) _____

American Indian/Alaskan Native
 Black (African-American)
 White (Non-Hispanic)
 Other Non-White (Specify) _____

Disability: Any physical or mental impairment that

1) substantially restricts one or more major life activities,
2) a record of such impairment, or 3) being regarded by others as having such impairment. (Please check those applicable.)

None
 Orthopedic, Mobility, or Physical
 Vision (Blind or Partial Sight)
 Health Impairment
 Psychological Disorder
 Recovering Substance Abuse
 Specific Learning Disability
 Deaf
 Hard of Hearing
 Speech Impairment (Other than foreign accent)
 Acquired Brain Injury
 Developmental Disability (Mental Retardation)

RECRUITMENT INFORMATION: How did you hear about this position?

- | | |
|---|---|
| <input type="checkbox"/> Job Announcement | <input type="checkbox"/> Chronicle of Higher Education |
| <input type="checkbox"/> Community College Registry | <input type="checkbox"/> Los Rios Website |
| <input type="checkbox"/> Los Rios Jobline | <input type="checkbox"/> Internet _____ |
| <input type="checkbox"/> Sacramento BEE | (i.e. Chronicle.com, HERC, Monster.com, Nationjob, Sacbee.com,) |
| <input type="checkbox"/> Job Fair _____ | <input type="checkbox"/> Other _____ |
| (i.e. Sacramento Bee Job Fair, CCC Registry) | (Please indicate source) |

Thank you for your assistance in improving our recruitment.

I decline to complete this form.

Signature Date

LOS RIOS COMMUNITY COLLEGE DISTRICT

Agreement for Vocational Training Services

Attachment A

THIS AGREEMENT is made and entered into this ____ day of _____, 20__, by and between Los Rios Community College DISTRICT, hereinafter referred to as DISTRICT, UC Davis Fire Department, hereinafter referred to as CONTRACTOR and _____, hereinafter referred to as INSTRUCTOR.

WITNESSETH

- 1. The INSTRUCTOR agrees to provide instructional services as described in the Master Agreement between CONTRACTOR and DISTRICT, during the period of UNTIL REVOKED.
2. The INSTRUCTOR agrees to work to the standards established by the DISTRICT, including but not limited to, adherence to the course outline during the time the INSTRUCTOR is serving the DISTRICT.
3. The DISTRICT shall have primary right to control and direct the educational program which is the subject of this Agreement and shall have the primary right to direct and control the activities of the INSTRUCTOR.
4. At all times while performing services under this Agreement, the INSTRUCTOR shall be an employee of the UC Davis Fire Department or other Agency, and not be an employee of the DISTRICT.

I HAVE READ ALL OF THIS Agreement and understand it completely, and/or have consulted with my own attorney if I so desired, and by my signature below represent that this Agreement is the only statement by or on behalf of the DISTRICT or the CONTRACTOR upon which I have relied in signing this Agreement.

Instructor: _____

Los Rios Community College District:

Instructor Signature

STEVE SEGURA, SRPSTC DEAN

Print Name

DATE: _____

Last 4 of SS#: XXX-XX-_____

CONTRACT AGENCY AND MAILING ADDRESS

UC Davis Fire Department
One Shields Avenue
Davis, CA 95616

Los Rios Community College District
Verification of Occupational Experience

Please send the following verification to:

Los Rios Community College District
Attn: Karen Hubbard
5146 Arnold Avenue
McClellan, CA 95652

This form may be used in lieu of a letter which supplies similar information.

Each statement should be signed by an employer or other responsible person having personal knowledge of your experience. This letter verified the occupational experience of:

(First Name) (Middle) (Last) (Maiden/Former)

Dates of his/her employment: _____ to* _____
(Month) (Year) (Month) (Year)

**Do not use the word "present".
Please insert MO/YR as shown.*

If employment was paid, please check here:

If not, please explain: _____

If Employment was full-time, please check here:

If not, please explain amount of time: _____

Title of Position: _____

Employment responsibilities in this position, including specific tasks performed: _____

Signed: _____ Date: _____

Title: _____ Relationship: _____

(Employment/Supervisor/Responsible person)

Relationship to applicant during above employment.

Name/Address of Business:

UC Davis Fire Department
One Shields Avenue
Davis, CA 95616