



**SANTA BARBARA CITY COLLEGE**  
**ON-CAMPUS STUDENT EMPLOYEE INFORMATION**

K# \_\_\_\_\_

**PLEASE PRINT**

1. NAME \_\_\_\_\_  
Last First MI e-mail address

2. ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Number Street Apt. No. Home  
\_\_\_\_\_  
City State Zip PHONE \_\_\_\_\_  
Cell

3. DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

4. LIST RELATIVES WHO WORK FOR SANTA BARBARA CITY COLLEGE:

Name	Relationship	Department
------	--------------	------------

5. IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_  
Name Phone

6. ARE YOU A CURRENT EMPLOYEE OF SBCC? Yes / No

7. WHERE WILL YOU BE WORKING?  
DEPT \_\_\_\_\_ SUPV \_\_\_\_\_

8. ARE YOU A STUDENT AT SBCC? Yes / No 7a. INTERNATIONAL STUDENT? Yes / No

Number of units enrolled in \_\_\_\_\_ 7b. Number of units enrolled in \_\_\_\_\_

9. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? Yes No (circle one)

*(If you are selected for employment, and if you have been convicted of an offense other than a minor traffic violation, you must make an appointment with the Director, Human Resource to discuss the circumstances. Failure to do so may be cause for dismissal. A conviction record does not necessarily exclude you from employment with this District.) Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of Health and Safety Code sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.*

10. DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes No (circle one)

11. HAVE YOU BEEN A MEMBER OF THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM?  
(PERS) \_\_\_\_\_ OR STATE TEACHERS RETIREMENT SYSTEM (STRS) \_\_\_\_\_

12. I UNDERSTAND THAT THIS IS "AT WILL" EMPLOYMENT. THIS MEANS THAT I MAY BE RELEASED AT ANY TIME WITHOUT NOTICE OR REASON AND I MAY RESIGN MY POSITION AT ANY TIME WITHOUT NOTICE OR REASON.  
(Initial) \_\_\_\_\_

\*\*\* \*\*

I certify that all statements made on this document are true and complete to the best of my knowledge. I understand that any false statement of material facts is cause for disqualification or dismissal, even after I have begun working for SBCC. Furthermore, I understand that I will be required to submit verification of my identity and right to work in this country or will not be able to work for SBCC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- A TITLE IX – EQUAL OPPORTUNITY EMPLOYER -

**TURN PAGE OVER**

**NOTE:** Response to this question is voluntary.

**DISABLED:**

☐ Yes    ☐ No      Physical or mental impairment which substantially limits communication, ambulation, self-care, socialization, education, vocational training, employment, transportation, adapting to housing, etc.

♦       ♦       ♦       ♦       ♦       ♦       ♦

Santa Barbara Community College is an equal opportunity employer committed to nondiscrimination on the basis of ethnic group identification, national origin, religion, age, sex, race, color, ancestry, marital, parental or veteran status, sexual orientations, or physical or mental disability, or on the basis of these perceived characteristics or based on association with a person or group with one or more of these actual or perceived characteristics, consistent with applicable federal and state laws. Reasonable accommodation will be provided for applicants with disabilities who self-disclose.