



**CONTINUING EDUCATION DIVISION
SANTA BARBARA COMMUNITY COLLEGE DISTRICT**



Alice F. Schott Continuing Education Center
310 W. Padre Street
Santa Barbara, CA 93105-4366

Telephone: 805/898-8136
Fax: 805/569-5457

**INFORMATION ABOUT YOUR APPLICATION TO TEACH IN THE
CONTINUING EDUCATION DIVISION**

- Please print out the two-sided application and demographic form, provide all requested information on the forms, sign, date and return to:

**SBCC Continuing Education Division
Alice F. Schott Center
310 W. Padre Street
Santa Barbara, CA 93105-4366
Attn: Sue Danielson, CE Human Resources Specialist, Room 4**

- You may attach a resume or CV to your application, but these are not accepted in lieu of a fully completed application.
- Your application will be logged and routed to the appropriate Program Director who supervises the area in which you wish to teach.
- If it is determined that there is a need for your services, you will be contacted by the Program Director to come in for an interview. In a program of this size it is not possible to grant interviews prior to the receipt of applications. If there is no anticipated opening, you will be so notified by letter.

Applications for Fall Term will be considered in the months of March and April, or earlier.

Applications for Winter Term will be considered in the months of August and September, or earlier.

Applications for Spring Term will be considered in the months of December and January, or earlier.

Thank you for your interest in our program.



CONTINUING EDUCATION DIVISION
Santa Barbara City College



310 W. Padre St.
Santa Barbara, CA 93105

Phone: (805) 898-8136
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APPLICATION FOR HOURLY CERTIFICATED INSTRUCTOR

Date of Application _____

Print Name in Full _____
Last First Middle

Present Address _____
Number, Street, Apt. # City State Zip Code

Telephone: Home _____ Office _____ Social Security No. _____

E-Mail Address _____

Can you, if employed, submit verification of your legal right to work in the United States? _____

Have you ever been convicted of a felony, sex, or narcotics offense? _____

If yes, identify the charges, date(s), place(s), and disposition:

Certificates, licenses, or other proof of technical or professional competence:

Professional organizations to which you belong (not those denoting age, sex, race, religion, national origin, color, disabled, or political affiliation):

Discipline(s) you believe you are qualified by education and/or experience to teach:

What California Teacher's Credential do you now hold? _____

When was it issued? _____ When does it expire? _____

List languages understood and spoken fluently, other than English: _____

EDUCATION

	Name of School	State	No. of Years	Degree	Subject or Field
High School					
College(s)					

Additional credit units: Semester units _____ Quarter Units _____ Subject _____

Other training _____

TEACHING EXPERIENCE (current or latest first)

No. of Years	Dates	Name of School	City	State	Grade Level, Subject or Position

OTHER EXPERIENCE (current or latest first)

Kind of Work	Dates	City	State	Name of Company

REFERENCES

(At least three persons who are familiar with your professional success and/or character, including the name of your latest employer)

Name	Official Position	Present Address (include Zip Code)	Telephone

I certify that all statements made in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

NOTE: Completion of this form is voluntary. We request this information because we are required to report statistical employment data to the California Community Colleges Chancellor's Office.

VOLUNTARY DEMOGRAPHIC DATA

Gender: [] Female [] Male

Are you Hispanic or Latino? Y N

What is your race/ethnicity? (Choose one or more)

- | | | | |
|------------------------------------|--------------------------|----------------------------------|--------------------------|
| Mexican, Mexican-American, Chicano | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Central American | <input type="checkbox"/> | Filipino | <input type="checkbox"/> |
| South American | <input type="checkbox"/> | Asian Other | <input type="checkbox"/> |
| Hispanic Other | <input type="checkbox"/> | Black or African American | <input type="checkbox"/> |
| Asian Indian | <input type="checkbox"/> | American Indian / Alaskan Native | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Guamanian | <input type="checkbox"/> |
| Japanese | <input type="checkbox"/> | Hawaiian | <input type="checkbox"/> |
| Korean | <input type="checkbox"/> | Samoaan | <input type="checkbox"/> |
| Laotian | <input type="checkbox"/> | Pacific Islander Other | <input type="checkbox"/> |
| Cambodian | <input type="checkbox"/> | White | <input type="checkbox"/> |

Disabled: [] Yes [] No

Physical or mental impairment which substantially limits communication, ambulation, self-care, socialization, education, vocational training, employment, transportation, adapting to housing, etc.

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Santa Barbara City 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 orientation, 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.