

ONLY (F	EGULAR) CLASSIFIED STAFF ARE ELIGIBLE TO APPLY FOR INTERNAL OPENINGS
Name:	Date:
I am applying fo	r (check one): Transfer only Promotion only Transfer & Promotion Additional Assignment
	CURRENT POSITION
Department:	Extension:
Position Title:	Grade: Step: Time Base %:
	POSITION YOU ARE INTERESTED IN BEING CONSIDERED FOR:
Department:	
Position Title:	Grade: Time Base %:
interest, subnCover letter, submitted wit	possess the minimum qualifications exactly as stated in the job description for the classification of nit a completed Equivalency Application Form with this request form resume, diversity statement, transcripts (if applicable) and typing certificate (if applicable) must be h this form Iditional pages as needed
Location of interview	department: "From" budget code:

Voluntary demotion? Ves No
Transfer/Promotion date:
Probationary Period (if applicable): thru



APPLICANT'S NAME:

POSITION:

INSTRUCTIONS: The information requested below is required of all candidates who do not possess the stated minimum qualifications and are seeking consideration on the basis of equivalency. Candidates making application on the basis of equivalency shall submit this supplement as well as all other materials specified under "Application Procedures" on the job announcement. You may refer the reviewer of this application to specific documents included in your application packet for further details <u>as long as you have completed the information as requested below</u> <u>and you state exactly where the information can be found in your packet</u> (i.e. "see resume for further details" or "see application for further details", etc.). Your responses to this questionnaire must be typed or handwritten legibly. Please attach additional pages supporting your responses below.

THE PROCESS: Your completed application packet will be forwarded to the selection committee for the position listed above for review. If the committee determines that your qualifications are deemed equivalent to the stated minimum qualifications, the Committee Chair or Administrator will make a recommendation to the appropriate Equivalency Committee for review. If approved by the Equivalency Committee, the final recommendation will be determined by the Board of Trustees. <u>Please note</u>: the completion of this application does not guarantee recommendation to the Equivalency Committee for review or acceptance for equivalency. If the Equivalency Committee and/or Board of Trustees deny your request, you have the right to appeal the decision assuming that you are able to provide justification as to why you should be given further consideration (contact Human Resources Department for further information about appealing a decision).

Attach additional pages supporting your responses below.

- 1. I am claiming equivalency because I do not possess the required: Education and/or Experience (please check one or both)
- 2. Academic preparation (if you are claiming equivalency because you do not possess the required Education, you must submit transcripts of any college-level coursework, regardless of whether you consider it relevant.) Please be specific regarding the institution, course titles, unit value, and level of coursework (graduate, upper division, etc.) and to which degree(s) it is equivalent. Transcripts and copies of course descriptions should also be attached. If degree is anticipated, please indicate date of expected confirmation.

DEGREE:		TOTAL UNITS COMPLETED :	
DEGREE:		TOTAL UNITS COMPLETED :	
RELEVANT	COURSEWORK:		
RELEVANT	COURSEWORK:		

3. Relevant professional/work experience (teaching and non-teaching) that should be considered to determine equivalency. Please attach a detailed description of the duties performed.

	Employer	Job Title	Dates of Employment			
(a)				F/T [P/T	
(b)				F/T [P/T	

TOTAL YEARS OF RELATED EXPERIENCE (full and part-time combined):

- 4. Any other relevant accomplishments that should be considered to determine equivalency. (This could include, but would not be limited to research, publications, seminars, professional performance/exhibitions, honors/awards, etc.)
- 5. Specialized skills, knowledge and abilities that should be considered to determine equivalency.
- 6. Relevant memberships and/or organizational activities that should be considered to determine equivalency.
- 7. Please write a **narrative synopsis** (not to exceed one page) of your education and experience that illustrates possession of gualifications that are at least equivalent to the stated minimum gualifications.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING STATEMENTS AND CONTENTS OF DOCUMENTS PROVIDED BY ME ARE COMPLETE, TRUE AND CORRECT, AND IF EMPLOYED, I UNDERSTAND THAT I MAY BE SUBJECT TO DISMISSAL IF THEY ARE FOUND TO BE UNTRUE OR INCORRECT. I ALSO UNDERSTAND THAT IT IS MY COMPLETE RESPONSIBLITY TO PROVIDE ALL INFORMATION NECESSARY TO BE CONSIDERED FOR EQUIVALENCY.

Signature

Date

This document and any attachments will become part of a Personnel File if hired by Santa Rosa Junior College.