

Veterans Resource Center Mt. San Jacinto College Email Application to:

| Date of Application | | | | | | | |
|---------------------|-----|------|--|--|--|--|--|
| Month | Day | Year | | | | | |
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Veteran Student Employment Application Students must be:

- Montgomery GI Bill Active Duty (38 U.S.C. Chapter 30)
- Vocational Training and Rehabilitation for Veterans With Service-Connected Disabilities (38 U.S.C. Chapter 31)
- Post-Vietnam Era Veterans Educational Assistance Program (38 U.S.C. Chapter 32)
- Dependents Educational Assistance Program (38 U.S.C. Chapter 35)
- Montgomery GI Bill Selected Reserve (10 U.S.C. Chapter 1606)
 Eligible dependents under 38 U.S.C. Chapter 35 may use work-st

| | • E | ziigibie a | epenae | ents un | aer 38 C |).S.C. | Cnapi | ter 35 may | use work-st | uay oni | y while ti | raining | in a state. | | |
|---|---|--|--|---|-------------------------------|---|----------|----------------|-------------------|--|------------|---------|-------------|--|--|
| Position | | | | | | | | | | | | | | | |
| A separate application is required for each position. | | nt in black o | r blue ink | | | | | | | Donor | tmont | | | | |
| (Required) Student ID | Title Veterans Resource Center Student Mentor | | | | | | _ | Department VRC | | | | | | | |
| Will you work: | L | | eteran | s Resc | Referr | | Stude | ent Mentor | | VKC | <u> </u> | | | | |
| · | | | ampus | | Referr | eu by. | | | | | | | | | |
| | us | | ampus | | | | | | | | | | | | |
| General Information | | | | | | | | | | | | | | | |
| Last Name | | | | First N | √ame | | | | | | | Middle | | | |
| | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| 0:: | | | | | | | <u> </u> | | | I =: 0 | | | | | |
| City | | | | | | State | | | | Zip Code | | | | | |
| п | | | | | | | | | | | | | | | |
| Home Phone | Message Phone | | | | | Email | | | | | | | | | |
| | | | | | | 16 1-1- | | | | | | 1:6 : - | | | |
| U.S.? | ou have the legal right to work in the Are you over the age of 18 | | | | | 18? If hired, can you furnish proof of age? | | | | Do you have a valid California Driver's License? | | | | | |
| Yes No | [| Yes | | No | ļ | | Yes | ☐ No | | | es [| □ No | | | |
| | es Empl | loyed | | | Campu | JS | | Departme | ent | | Positio | n | | | |
| by MSJC? ☐ Yes ☐ No | | | | | | | | | | | | | | | |
| Do you have any relatives Nan | <u></u> | | | | Campu | IS | | Departme | ent | | Relatio | nshin | | | |
| employed by the College? | .0 | | | | 00,50 | | | 2 oparam | | | 1101010 | | | | |
| ☐ Yes ☐ No | | | | | | | | | | | | | | | |
| Have you ever been convicted of a criming This includes any offense where you were found guilty a. traffic violations for which the fine imposts. conviction of misdemeanor while under c. any conviction specified in the Health a | r, pled guilt sed was \$ the age of nd Safety (| Ity or pled no \$300.00 or le of 18, if the re Code Section | olo conten less; record was on 11361. | ndere. You s sealed un 5 which pe | nder Penal (ertains to va | arious m | | | | □ Y | es [| □ No | | | |
| If you answer "yes", please list the dates A conviction will not necessarily disqualify you from co | | | | tense(s |) on this | form. | | | | | | | | | |
| Education | | | | | No | of I lo | to | | Dogwood | 1 | | | | | |
| Name of School | Loc | cation | | | | . of Uni nplete | | G.P.A. | Degree or Diploma | Major | - | Min | or | | |
| | | | | | + | | _ | | - 10.00.00 | | | | | | |
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| Are you attending What hours? | Cou | urse of st | udy: | | Do | you pla | an furt | her | If "yes", wl | nat field | and wher | e? | | | |
| school right now? | | | , | | | ucation | al stu | dy? | | | | | | | |
| Yes No | | | | | | Yes | | No | | | | | | | |
| Expected Graduation Date: | | | | | | | | | | | | | | | |
| Have you been approved and cerfified to | receive | e benefits | s? | | | es | | No | | | | | | | |
| List current benefit(s) receiving:: | | | | | | | | | | | | | | | |
| Eloc darrone portonelo) rodorvinga. | | | | | | | | | | | | | | | |
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| Language Ability : | | | | | | | | | | | | | | | |
| English | Spea | ak | Read | | Write | 0 | ther | | 1 | Speak | Rea | d | Write | | |
| - | 5,500 | | | | | | • | | | | 1.50 | - | | | |

| (You may exclude names of organizations which may reveal your race, color, religion, national origin, a | umber, and expiratincestry, or physical handic | | | |
|--|--|---------------------|-------------------------------|-----------------------------|
| Additional information including special projects, skills, published writings, to (You may exclude names of organizations which may reveal your race, color, religion, national origin, a | | | erests and community | activities. |
| Employment Record List your present or most recent employer first and include U.S. Armed Forces experience and major v | | | least the past ten years, inc | cluding periods of |
| unemployment. (You may exclude names or organizations, which may reveal your race, color, religion, | | | | |
| Position Title | Start Date | End Date | Start Salary | End Salary |
| Employer | Type of Business | | Hours Per Week | Total Yrs./Mos. |
| Street Address, City, State, Zip Code | - | | | - |
| Immediate Supervisor | Phone Number | | | |
| Reason for Leaving | May we contact t | | | |
| Duties Performed | 1 | | | |
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| | Louis | | | |
| Position Title | Start Date | End Date | Start Salary | End Salary |
| Position Title Employer | Start Date Type of Business | | Start Salary Hours Per Week | End Salary Total Yrs./Mos. |
| | | | | |
| Employer | | | | |
| Employer Street Address, City, State, Zip Code Immediate Supervisor Reason for Leaving | Type of Business Phone Number May we contact t | | | |
| Employer Street Address, City, State, Zip Code Immediate Supervisor | Type of Business Phone Number May we contact t | his employer? | | |
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| Employer Street Address, City, State, Zip Code Immediate Supervisor Reason for Leaving | Phone Number May we contact t | his employer? No | Hours Per Week | Total Yrs./Mos. |
| Employer Street Address, City, State, Zip Code Immediate Supervisor Reason for Leaving Duties Performed | Phone Number May we contact t | his employer? No | Hours Per Week | Total Yrs./Mos. |
| Employer Street Address, City, State, Zip Code Immediate Supervisor Reason for Leaving Duties Performed If more space for employment record is needed, please list the information of | Phone Number May we contact t | his employer? No | Hours Per Week | Total Yrs./Mos. |

| Disclosure |
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| MSJC prohibits discrimination against or harassment of any person employed by or seeking employment with the College on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, recently separated veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). |
| MSJC is an affirmative action/equal opportunity employer. MSJC undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and for special disabled veterans, Vietnam era veterans, recently separated veterans, and any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. |
| College policy is intended to be consistent with the provisions of applicable State and Federal laws. |
| Inquiries regarding the College's equal opportunity policies may be directed to: |
| VP of Human Resource Mt. San Jacinto College 1499 N. State Street, San Jacinto, CA 92783 Telephone: (951) 487-3150 |
| |
| Campus Security and Crime Report: MSJC Campus Security and Crime Report is available at the following web site: http://www.msjc.edu/CampusSafety/Pages/Crime-Statistics.aspx. The report contains a summary of crimes reported on the campus and in other designated areas during the past three calendar years. It also contains references to College and campus policies concerned with criminal activity and security on campus. |
| Authorization |
| ☐ I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for separation. |
| Applicant's Signature Date |