



# Pasadena City College Applicant Submittal Certification for Superintendent/President

First Name

Last Name

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

E-mail Address

Home Phone

\_\_\_\_\_

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Have you been or are you now  
employed by Pasadena City College?

If previously employed, when?

Yes     No

\_\_\_\_\_

Do you have any relatives  
employed at Pasadena City College?

If yes, give name and relationship.

Yes     No

\_\_\_\_\_

Are you a U.S. citizen or can you provide evidence of your legal right to work in the  
United States?

Yes     No

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification or any misstatements and omissions of material facts may be cause for refusal of employment; or, if employed, cause for dismissal.

I authorize previous employers to provide any and all pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Pasadena City College.

If employed, I understand that I will be required to submit verification of my identity and authorization to work in the United States, and that additional information about me will be required for statistical purposes.

By checking *yes* below, I acknowledge that I have carefully read the above. I understand and agree to all of the statements.

Yes     No