

DUAL ENROLLMENT MINIMUM QUALIFICATIONS VERIFICATION YUBA COMMUNITY COLLEGE DISTRICT

COLLEGE/CAMPUS LOCATION
AREA

OFFICE OF HUMAN RESOURCES
425 Plumas Blvd., Ste. 200, Yuba City, CA 95991
Phone (530) 741-6976 TTY (530) 634-7760

INSTRUCTIONAL ASSIGNMENT/DISCIPLINE

(Please Print or Type)

Name: _____
 Last First Middle

Home Telephone: () _____

Address: _____
 Street/City/State/Zip Code Area Code

Cell Telephone: () _____

Social Security: _____

Birth Date: _____

E-mail Address _____ Other Name(s) (e.g. maiden name, nickname, alias, etc.) _____

Minimum Qualification Information

DEGREE	MAJOR	DATE GRANTED

List of all relevant experience

Inclusive Dates of Employment	Name of Institution, District or Employer	Title of Position and/or nature of work	City/County/District

INCLUDE complete transcripts—graduate/undergraduate (unofficial transcripts are acceptable)

Minimum Qualification Information

TYPE	DEGREE	PROFESSIONAL EXPERIENCE
CTE Programs	Associate Degree	6 years
	Bachelor's Degree	2 years
All other programs	Master's Degree	

VERIFICATION AND RELEASE

By signing this verification form, I certify that the information provided by me is true, correct, and complete to the best of my knowledge and belief. I authorize investigation of all statements contained herein, and I release from liability all persons and organizations furnishing such information. I understand that any misstatements, omissions, or misrepresentation of facts on this verification may be cause for disqualification or dismissal from this assignment.

THIS VERIFICATION WILL NOT BE CONSIDERED COMPLETE UNTIL IT IS SIGNED AND ALL REQUESTED PAPERWORK SUBMITTED. I understand this verification and all supporting documents become the property of the Yuba Community College District and will not be released, copied, or returned.

Applicant's Signature _____ Date _____