SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

SUPPLEMENTAL APPLICATION FOR EQUIVALENCY DETERMINATION

FOR THE POSITION OF:_____OPENING #: _____

NAME OF APPLICANT: _____

INSTRUCTIONS: THE INFORMATION REQUESTED BELOW IS REQUIRED OF ALL CANDIDATES <u>NOT HOLDING THE STATED MINIMUM QUALIFICATIONS</u>, WHO SEEK CONSIDERATION ON THE BASIS OF EQUIVALENCY.   CANDIDATES WHO APPLY ON THE BASIS OF EQUIVALENCY SHALL SUBMIT THIS SUPPLEMENT, AS WELL AS ALL OTHER MATERIALS SPECIFIED UNDER "APPLICATION PROCEDURE" ON THE VACANCY ANNOUNCEMENT.   REFERENCES TO RÉSUMÉS AND MATERIAL OTHER THAN ADDITIONAL SHEETS REQUIRED TO COMPLETE THIS FORM WILL <u>NOT</u> BE ACCEPTABLE.

1. List all academic preparation that should be considered to determine equivalency. Please be specific regarding the institution, course titles, unit value, and level of course work (graduate, upper division, etc.) and to which degree(s) it is equivalent. Transcripts and copies of course descriptions should also be attached.

2. List all relevant professional/work experience (teaching and non-teaching) that should be considered to determine equivalency. Please give a detailed description of the duties performed.

3. List 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.)

4. List specialized skills, knowledge and abilities that should be considered to determine equivalency.

5. List relevant memberships and/or organizational activities that should be considered to determine equivalency.

6. List the name, address and phone number of three (3) references who could attest to your education, experience and knowledge being equivalent to the minimum qualifications.

7. Please write a narrative synopsis (not to exceed one page) of your education and experience that illustrates possession of qualifications that are at least equivalent to the stated minimum qualifications.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING STATEMENTS 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.

Signature _____ Date _____