

## Cal-SOAP College & Career Success Coach Application

Name:		Email:		Date:				
Cell Phone:	Home Phone:							
Full Address:								
Date of Birth: / /	Pre	ferred Method of Co	mmunication?					
Are you available to work fo □ Yes □ No If not, w		•	•					
How many hours per week o	lo you prefer to w	vork?						
Are you also applying to have Cal-SOAP hours fulfill an internship requirement? ☐ Yes ☐ No								
College you will be enrolled in 2024-2025: □ CR □ Cal Poly Humboldt □ Other								
College Major:Career Goal:								
How many units will you be taking?Current GPA:								
Expected graduation date (s	emester/year):		_					
Will you be transferring? (se	emester/year/sch	ool):						
School Site Location for Ad  ☐ Crescent City ☐ McKinl ☐ Ferndale ☐ Mirand	eyville 🗎 🗆 Arca	ta <sup>¯</sup> □ Eureka □	ng to travel to work.) Fortuna					
Availability: Please specify the days and hours <u>vou are available to work</u> .								
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>				

What is your main	form of transportation?	☐ Personal Vehicle	□ Bike	□ Bus	
Why are you intere	ested in working for Cal-S	OAP?			
Education Summa	<u>rv:</u>				
School or Institution	Name & Location	Years Completed & Date	Did you graduate?	Course of Study	Degree or Certificate
High School			□Yes □ No	NA	
Community College (if applicable)			□Yes □ No		
Other College or University			□Yes □ No		
Graduate School			□Yes □ No		
Business/Trade School, Military			□Yes □ No		
	you can speak or write fluer and/or extra-curricular			ly involved ir	n:
	ted and submitted the FA	_		□ No .ining? □ Yes	□ No
•	ebGrants 4 Students before		F	<b>y</b> =	
How comfortable ☐ Y	are you with public spea Very comfortable	king? □ Not at all con	nfortable  ☐ Somev	vhat comfortab	ole
Would you be conprogress? □ Yes	mfortable making phone ∈ □ No	calls to students' gua	ardians to update	them on thei	r students'
Do you have past If yes, please desc	t <b>experience as a financia</b> ribe:	I aid advisor? □ Yes	□ No		

<b>Previous Employment:</b> List your fow with this application. <b>Resume attac</b>	-	nning with your most recent job(s	) or submit a resume
Employer Name and City/State:	Job Title:	Start Date	Reason for Leaving:
Supervisor's Name/ Phone number: May we contact this employer?	Job Duties:	End Date	
		# of weekly hours	
Employer Name and City/State:	Job Title:	Start Date	Reason for Leaving:
Supervisor's Name/ Phone number: May we contact this employer?	Job Duties:	End Date	
		# of weekly hours	
Employer Name and City/State:	Job Title:	Start Date	Reason for Leaving:
Supervisor's Name/ Phone number: May we contact this employer?	Job Duties:	End Date	
		# of weekly hours	
Employer Name and City/State:	Job Title:	Start Date	Reason for Leaving:
Supervisor's Name/ Phone number: May we contact this employer?	Job Duties:	End Date	
		# of weekly hours	
	1		ı

 Professional References: Please list two professional references who can comment on your dependability and work performance.

 Name
 Business/Title
 Email Address
 Phone Number

 How did you hear about Cal-SOAP? (Please check one or more below):
 Phone Number

 HCOE Web Listing □ Craigslist □ Handshake □ Indeed □ HSU Job Fair □ Flyer □ Friend □ Social Media
 CR Job Board □ Professor □ Email □ Other:

 Please note that all employees are required to be tested for tuberculosis and be fingerprinted.

 I certify that I meet all the minimum requirements as specified in the position announcement and/or job description and that all information contained in this application and in the supplementary material filed with it is true and accurate. I authorize the contact of any present or former employer to verify any information pertaining to this application and I release from liability any persons or other organizations furnishing such information. I understand

Applicant Signature Date

that any false statements or omissions of material facts on the application will subject me to disqualification from

the application process or dismissal if employed.

Submit Application, Current School Schedule, Copy of your most current FAFSA Submission Summary (FSS), Resume (optional) to <a href="mailto:calsoap@hcoe.org">calsoap@hcoe.org</a>

Or return completed application packet to:

Cal-SOAP • Humboldt County Office of Education • 901 Myrtle Avenue • Eureka, CA 95501

For questions contact Grace Lovell at 707-441-2006 or glovell@hcoe.org

Note: Applications are available at Humboldt State University Career Center/Handshake, College of the Redwoods Career Center, or <a href="https://hcoe.org/cal-soap/success-coaches/">https://hcoe.org/cal-soap/success-coaches/</a>