



**Cal-SOAP Spanish Language College & Career  
Success Coach Application**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Preferred Method of Communication? \_\_\_\_\_

Are you available to work for the entire program term year through early May?

Yes  No If not, what date can you work until? \_\_\_\_\_

How many hours per week do you prefer to work? \_\_\_\_

Are you also applying to have Cal-SOAP hours fulfill an internship requirement?  Yes  No

College you will be enrolled in 2026-2027:  CR  Cal Poly Humboldt  Other \_\_\_\_\_

College Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

How many units will you be taking? \_\_\_\_\_ Current GPA: \_\_\_\_\_

Expected graduation date (semester/year): \_\_\_\_\_

Will you be transferring? (semester/year/school): \_\_\_\_\_

**School Site Location for Advising:** (Check where you would be willing to travel to work.)

- Crescent City  McKinleyville  Arcata  Eureka  Fortuna
- Ferndale  Miranda  Hoopa

**Availability: Please specify the days and hours you are available to work.**

<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 interested in working for Cal-SOAP? \_\_\_\_\_

**Education Summary:**

School or Institution	Name & Location	Years Completed & Date	Did you graduate?	Course of Study	Degree or Certificate
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
Community College (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade School, Military			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe your Spanish fluency level and your experience translating between Spanish and English:

List other volunteer and/or extra-curricular activities/clubs/sports you are currently involved in:

Have you completed and submitted the FAFSA/CADAA on your own?  Yes  No

Would you be willing to help students fill out their FAFSA/CADAA if provided training?  Yes  No

Have you used WebGrants 4 Students before?  Yes  No

How comfortable are you with public speaking?  Not at all comfortable  Somewhat comfortable  
 Comfortable  Very comfortable

Would you be comfortable making phone calls to students' guardians to update them on their students' progress?  Yes  No

Do you have past experience as a financial aid advisor?  Yes  No

If yes, please describe: \_\_\_\_\_

**Previous Employment:** List your four most recent jobs, beginning with your most recent job(s) or submit a resume with this application. **Resume attached**

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	

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Supervisor's Name/ Phone number: May we contact this employer?	Job Duties:	End Date	
		# of weekly hours	

**Professional References:** Please list two professional references who can comment on your dependability and work performance. Do not include friends/relatives. Please include both phone number and email.

<u>Name</u>	<u>Business/Title</u>	<u>Email Address</u>	<u>Phone Number</u>
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**How did you hear about Cal-SOAP? (Please check one or more below):**

- 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 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Submit Application, Current School Schedule, Copy of your most current  
FAFSA Submission Summary (FSS), Resume (optional) to  
[calsoap@hcoe.org](mailto:calsoap@hcoe.org)**

**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](mailto:glovell@hcoe.org)**

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