



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

Position Information Questionnaire

General Information

Name:
Classification Title:
Name of College/Working Department:
Work Telephone Number: Extension:

Employment History

Length of Time in Present Position: Years Months
Immediate Supervisor: Title:
General Supervisor: Title:
Have you held any other position(s) with VCCCD? No Yes
If yes, please indicate your previous positions below.
Past Classification Title: Length of Service:
Past Classification Title: Length of Service:
Have you ever requested that your position be studied? No Yes
If yes, please mark a) or b) below.
a) I was reclassified to (classification title)
Date of Reclassification
b) My request was reviewed, but not approved for classification

Reason for Requesting the Study

Requested by: Job incumbent (Employee) 6 X S H U Y L V R U % R W K
% D V L V I R U U H T X H V W







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HR Tools



