



AMADOR COUNTY HUMAN RESOURCES DEPARTMENT APPLICATION FOR EMPLOYMENT

810 Court Street, Jackson, CA 95642-9534 • Telephone: (209) 223-6456

Date Received:

INSTRUCTIONS: This application must be submitted—typed or in ink—to the Amador County Human Resources Department. A separate application must be submitted for each position for which you wish to apply. Acceptability for any interview or examination is based on the information in this application. An application completed in insufficient detail or in pencil will be rejected. The application and attachments once submitted cannot be returned. It is your responsibility to notify the Human Resources Department of any change of address. Resumes may be attached but will not be accepted in lieu of any portion of the standard County application.

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING:				
TYPE OF EMPLOYMENT:	Full Time	Part-Time	Limited Duration	Extra Help

NAME (First)	(Middle)	(Last)
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MAILING ADDRESS	(City)	(State)	(Zip)
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PHONE Home:	Business:	Mobile:	Email:
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READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS:	Yes	No
1. Can you, after offer of employment, submit verification of the legal right to work in the U.S?		
2. I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education to Amador County.		
3. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation, and the reason on the application. Cite all such cases in item 10.		
4. Have you ever been employed by the County of Amador? If YES, give details in item 10.		
5. Do you have a valid driver's license to operate a motor vehicle in California? State Type of Lic. No. Expiration Date		
6. Do you have any relations by blood or marriage employed by the County of Amador (County policy prohibits certain employment to relatives.) If YES, give name(s), relation and department(s) in item 10.		
7. <i>If you are not applying for a position within the Sheriff, Probation or District Attorney's Offices, skip this question and go to Question #8. If you are applying for a position in one of the above departments, please answer the following:</i> Have you ever been convicted of a crime? If yes, please list in item 10 below, but exclude the following information from your response: (1) Any pretrial or post-trial referral to diversion programs; (2) any convictions for which the records have been judicially ordered sealed, expunged or statutorily eradicated, such as juvenile records; (3) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed; (4) any marijuana possession convictions occurring more than two years ago and concerning a quantity of 28.5 grams of marijuana or less; and (5) any traffic citations.		
8. As part of the Amador County recruitment and selection process, do you acknowledge that prior to any potential offers of employment from the County, you will be required to undergo a background investigation <i>including but not limited to:</i> Conviction History, Multi-State Sexual Offender Search, Driving History, etc?		
9. Are you currently out on bail or on your own recognizance pending trial on criminal charges?		
10. SPACE BELOW IS PROVIDED FOR AN EXPLANATION IF NECESSARY, OF ITEMS 3, 4, 6, 7, 9, or to list any special skills or training.		

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:	Application Accepted?	Yes	No
<i>If application is rejected, for what reason?</i>	Incomplete	Late	
Insufficient Experience	Insufficient Education	Other:	

EDUCATION AND EXPERIENCE

Please read the Minimum Qualifications described in the job announcement carefully before completing the sections below. The information you provide will allow us to determine whether you meet the Minimum Qualifications. Resumes CANNOT be substituted for completing the sections below in their entirety.

EDUCATION: Do you possess a High School Diploma or G.E.D.? Yes No

Name & Location of High School, College, University, or Trade School	Major Area of Study	Completed Units <i>(✓ to indicate semester or quarter units)</i>		Degree Received		Date Completed
		# of units	Semester Quarter	Yes	No	
Name Location		# of units	Semester Quarter	Yes	No	
Name Location		# of units	Semester Quarter	Yes	No	
Name Location		# of units	Semester Quarter	Yes	No	

Certificates of Training, Licenses, or Professional Registration

<i>Description:</i>	<i>Date Issued:</i>	<i>Registration #:</i>
<i>Description:</i>	<i>Date Issued:</i>	<i>Registration #:</i>

** Please list any additional training, licenses or professional registration on an attached sheet or resume.*

If this position requires typing, please indicate speed:

EXPERIENCE: Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: / / TO: / / TOTAL: YR. Mo. FULL-TIME PART-TIME	JOB TITLE: NO. SUPERVISED: DUTIES:	EMPLOYER: ADDRESS: City State Zip SUPERVISOR: PHONE NO.: REASON FOR LEAVING:
FROM: / / TO: / / TOTAL: YR. Mo. FULL-TIME PART-TIME	JOB TITLE: NO. SUPERVISED: DUTIES:	EMPLOYER: ADDRESS: City State Zip SUPERVISOR: PHONE NO.: REASON FOR LEAVING:
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REFERENCES

I hereby authorize representatives of Amador County to contact (unless noted in Section #2, page 1), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for County employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to Amador County.

REFERENCE NO. 1 (NAME) :				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	
REFERENCE NO. 2 (NAME) :				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	
REFERENCE NO. 3 (NAME) :				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	

CERTIFICATE OF APPLICANT

Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of the County of Amador. I further agree to be fingerprinted, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required.

Signature:

Date:

Amador County is an Equal Opportunity Employer

<i>How did you find out about us?</i>	County Website	Amador Ledger	Sac Bee	Stockton Record
Amador County web site	Monster.com	Buy & Sell Press	Craig's List	Other:

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Amador County is asking all applicants to voluntarily complete this form in order to comply with federal Equal Employment Opportunity law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program. This information is solicited on a **VOLUNTARY** basis and will **NOT** be used to make any decision about your eligibility, selection, or employment. This information will be detached from the application and will only be available to authorized personnel, and only for research and statistical purposes. It will **NOT** have any effect upon your application.

Name : _____

Position applying for: _____

GENDER Female Male

AGE Under 18 18-20 21-29 30-39 40-49 50-59 60+

ETHNIC ORIGIN:

The following ethnic categories have been identified by the Equal Employment Opportunity Commission (EEOC). Please check **one space only** for the ethnic category you most closely identify with.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above four races