

DATE STAMP



COUNTY OF EL DORADO
HUMAN RESOURCES DEPARTMENT
APPLICATION FOR EMPLOYMENT

330 FAIR LANE, PLACERVILLE, CALIFORNIA 95667
TELEPHONE: 530-621-5565 TDD 530-621-4693
24 Hr. JOB LINE 530-621-5579
www.co.el-dorado.ca.us

FOR PERSONNEL USE ONLY

- Accepted
Rejected
Experience
Education
Late
Ed/Lic Verif
DATE:

Please TYPE or PRINT in dark ink. An application completed in insufficient detail, without signature, or in pencil will constitute failure of the initial step of the examination process and the application will be rejected.

A copy of certificates, licenses, and/or professional registration required to meet the minimum qualifications should be included with this application, and must be received prior to certification to a hiring department.

IMPORTANT: YOU WILL BE NOTIFIED BY MAIL OF YOUR STATUS. EL DORADO COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN, MINORITIES, AND THE DISABLED ARE ENCOURAGED TO APPLY. IF YOU NEED ACCOMMODATION IN THE EXAMINATION/INTERVIEW PROCESS, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT LEAST FIVE (5) WORKING DAYS BEFORE A SCHEDULED EXAMINATION/INTERVIEW.

1. TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

2. NAME-FIRST: MIDDLE: LAST:

3. MAILING ADDRESS: CITY

STATE ZIP E-MAIL ADDRESS:

4. HOME PHONE: CELL PHONE: BUSINESS PHONE: (Optional) SS#

Answer by checking appropriate box

5. Are you, with or without reasonable accommodations, able to perform the essential functions of the position as stated in the job announcement? YES NO
6. Can you, after an offer of employment, submit verification of the legal right to work in the U.S.? (U.S. regulations require all employees hired after 11/06/86 to provide proof of legal status to be employed in the U.S.) YES NO
7. Do you object to the County making inquiry of your present employer? YES NO
8. 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? If yes, give name and address of employer, date of discharge or forced resignation, and the reason in Item No. 16. YES NO
9. Have you ever been employed by El Dorado County? If Yes, give details in Item No. 16. YES NO
10. Do you have a valid driver's license to operate a motor vehicle? If YES, complete the following: State: Type of License Lic. No. Expiration Date YES NO
11. Do you have any relations by blood or marriage employed by the County of El Dorado? If YES, give details in Item No. 16. YES NO
12. As an adult, have you ever been convicted of a misdemeanor or felony, or been on parole or probation? If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense, date, and place of conviction. A yes will not automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. Applicants may be required to be fingerprinted and cleared through the Department of Justice, depending on the position. YES NO
13. Please check the type of employment you are willing to accept: FULL-TIME PART-TIME TEMPORARY
14. Please check the location of the position you are applying for: SOUTH LAKE TAHOE PLACERVILLE
NOTE: Separate applications are required for each recruitment.
15. In addition to English, I can: speak read write fluently (enter language)
Applicant may be tested to validate language skills.

16. SPACE IS PROVIDED FOR AN EXPLANATION, IF NECESSARY, FOR ITEMS 8, 9, 11; OR TO LIST ANY SPECIAL SKILLS.

INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED

TURN OVER APPLICATION AND FILL OUT BEFORE SIGNING BELOW

17. 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 to any employment or payment as an employee in the service of the County of El Dorado. I further agree to be fingerprinted, to submit to a medical examination, which may include drug testing, and, upon employment, to furnish such proof of age as may be required. I hereby authorize representatives of El Dorado County to contact (except as noted in #7 organizations, employers, schools and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for County employment. I understand and acknowledge that such information will be used confidentially and for purposes of employment decisions only. I authorize the individuals or organizations contacted to release the above information to El Dorado County.

Signature Date

CONFIDENTIAL - El Dorado County Equal Employment Questionnaire

The County of El Dorado requests all persons to complete this portion of the application under the provisions of the Government Code Section 1233. This is not a part of the application and is removed before screening, it is used for EEO purposes only. No individual personnel selections are made based on the information. Please answer the following questions to the best of your ability. Your cooperation is appreciated.

ETHNIC CATEGORY

- 1. WHITE (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
2. BLACK (Not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.
3. HISPANIC. All persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
4. ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5. AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

TITLE APPLIED FOR:

I LEARNED ABOUT THIS JOB OPENING THROUGH (check most appropriate box):

- | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> A FRIEND OR RELATIVE | 5. <input type="checkbox"/> JOB FAIR, AN ORGANIZATION, OR GROUP (Which?): _____ |
| 2. <input type="checkbox"/> A COUNTY EMPLOYEE | 6. <input type="checkbox"/> ADVERTISEMENT (Which paper or magazine?): _____ |
| 3. <input type="checkbox"/> COUNTY EMPLOYMENT ANNOUNCEMENT | 7. <input type="checkbox"/> WEBSITE (Please specify site): _____ |
| 4. <input type="checkbox"/> COUNTY'S PERSONNEL OFFICE | 8. <input type="checkbox"/> OTHER MEANS (Please specify): _____ |

GENDER: Male Female AGE: Are you 40 years of age or older? YES NO

VETERAN'S PREFERENCE: You may claim: A 5 point preference if you were discharged under other than dishonorable conditions; OR a 10 point preference if you are a service –connected disabled vet; spouse of a totally & permanently disabled vet; or surviving unremarried spouse of a vet who died on active duty or as a result of a disability incurred on active duty.

ARE YOU REQUESTING VETERAN'S PREFERENCE POINTS? YES NO IF YES, HOW MANY? 5 POINTS 10 POINTS

TO RECEIVE CREDIT: Submit DD214 COPY-4, VA Disability Award letter, and/or VA Dependent Indemnity Compensation (Veteran's DIC) Award letter, as applicable. Proof NOT accepted after initial notification of examination status. Preference granted only for open recruitments.

**INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED (i.e. "See attached resume" is unacceptable)
PLEASE READ THE MINIMUM QUALIFICATIONS SECTION OF THE EXAMINATION BULLETIN BEFORE FILLING OUT THIS SIDE**

18. EDUCATION: WRITTEN VERIFICATION OF EDUCATION LISTED TO MEET MINIMUM QUALIFICATIONS MUST BE RECEIVED BEFORE APPLICANT CAN BE CERTIFIED TO HIRING DEPARTMENT.

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

B. NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	SEMESTER UNITS	QUARTER UNITS	DEGREE	DATE COMPLETED (Optional)

C. BUSINESS, CORRESPONDENCE, TRADE, OR SERVICE SCHOOLS: _____ COURSE OF STUDY: _____

**19. CERTIFICATES, LICENSES, OR PROFESSIONAL REGISTRATION WHICH APPLY TO THIS POSITION:
(A COPY MUST BE RECEIVED PRIOR TO APPLICATION BEING CERTIFIED)**

DATE ISSUED _____ TYPE OF LICENSE & REGISTRATION NO. _____
DATE ISSUED _____ TYPE OF LICENSE & REGISTRATION NO. _____

19. IF THIS POSITION REQUIRES COMPUTER, TYPING, AND/OR SHORTHAND SKILLS, PLEASE INDICATE: YES NO
Computer
Typing _____ WPM
Steno _____ WPM

EXPERIENCE Begin with your most recent experience. List ALL experience in the last ten years, **plus ALL experience relevant to this position**, including U.S. Military Service. Give details of the experience that you believe helps you meet the requirements of the position for which you are applying. Show actual time (number hours/days, number of hours/weeks) spent in such experience. If "volunteer," state in the space following salary. Resumes are encouraged, BUT WILL NOT BE ACCEPTED IN LIEU OF ANY PORTION OF THE STANDARD EL DORADO COUNTY APPLICATION. All materials submitted become the property of El Dorado County. You may attach additional sheets if necessary.

PERIOD OF EMPLOYMENT FROM: _____ TO: _____ TOTAL: _____ YR. _____ MO. <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME If part time, give exact or average hours per week: _____	JOB TITLE AND MOST RELEVANT DUTIES PERFORMED TITLE: _____ NO. SUPERVISED _____ SALARY: \$ _____ DUTIES: _____	NAME AND ADDRESS OF EMPLOYER (S) EMPLOYER: _____ ADDRESS: _____ IMMEDIATE SUPERVISOR: _____ PHONE NO. : _____ REASON FOR LEAVING: _____
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