

# MENDOCINO COUNTY EMPLOYMENT APPLICATION

## An Equal Opportunity – Affirmative Action Employer

Applicants are considered without regard to race, color, religion, sex, age, national origin, sexual orientation, marital or veteran status, or the presence of a non job-related mental or physical disability.



Thank you for considering employment with Mendocino County. To make the application process as easy as possible, please read and follow these instructions.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Job Bulletin No. \_\_\_\_\_ Job Title \_\_\_\_\_

### INSTRUCTIONS (Read Carefully):

1. Please answer all questions and provide enough detail to allow for full review and evaluation. Please type or print in dark ink.
2. A resume may accompany your completed application form but do not submit a resume in place of completing any part of this application.
3. Use a separate application for each job title. Applications and attachments will not be returned.
4. Inquiry may be made of your former and current employers or the last school you attended regarding your performance record. Please provide the name and phone number of each supervisor on your application form.
5. Please notify the Human Resources Department if you change your address or phone number.

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Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application to the Human Resources Department, recheck your application to make sure that it is correct and complete. Thank you for your interest in employment with Mendocino County.

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**PROCEED TO THE NEXT PAGE TO COMPLETE APPLICATION**





17. **EXPERIENCE:** Please give us enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. **This section must be fully completed.**  
**A resume may be attached but will not be accepted in place of this section.**

Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees Supervised By You	Supervisors Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees Supervised By You	Supervisors Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees Supervised By You	Supervisors Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees Supervised By You	Supervisors Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

18. If this job requires a specific license or certificate, please complete.

Certificate of Training/Professional Registration	License No./Registration No.	Date Issued	Date Expires
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19. **REFERENCES:** Give names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation
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May we contact all employers listed in Section 17?  Yes  No. If "No", indicate exceptions.

**Application Certification:** PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny County employment or for disciplinary action including dismissal after employment.

X \_\_\_\_\_  
 Signature Date