



APPLICATION FOR EMPLOYMENT

**COUNTY OF MERCED
 ADMINISTRATION-MANAGEMENT SERVICES DIVISION
 2222 "M" STREET
 MERCED, CALIFORNIA 95340
 (209) 385-7682 FAX (209) 385-7375
 JOB LINE (209) 385-7516**

MANAGEMENT SERVICES DIVISION USE ONLY
 DO NOT WRITE IN THIS SPACE

Qualified Yes No

DATA ENTRY _____ Ed

DATE _____ Exp

MQ BY _____ Lic/Cert

DATE _____ Other

Faxed application **will not be accepted** in lieu of an original application

INSTRUCTIONS: 1. PLEASE TYPE OR PRINT IN INK 2. COMPLETE APPLICATION IN FULL 3. KEEP THIS OFFICE INFORMED OF ANY CHANGES IN ADDRESS
 NOTE: APPLICATIONS NOT PROPERLY COMPLETED WITH ALL REQUESTED INFORMATION WILL BE SUBJECT TO REJECTION.

POSITION ANNOUNCEMENT NUMBER

NAME _____
 Last First Initial

MAILING ADDRESS _____
 P.O. Box Street No.

City State Zip Code

PHONE _____
 Home Business

POSITION _____
 APPLIED FOR _____

7. INDICATE LANGUAGES IN ADDITION TO ENGLISH YOU SPEAK WELL ENOUGH TO ACT AS AN INTERPRETER _____

8. I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check One)

<input type="checkbox"/>	Bulletin Board	<input type="checkbox"/>	Modesto Bee
<input type="checkbox"/>	Fresno Bee	<input type="checkbox"/>	Local Newspaper
<input type="checkbox"/>	County Employee	<input type="checkbox"/>	Other Newspaper
<input type="checkbox"/>	Interest Card	<input type="checkbox"/>	Other
<input type="checkbox"/>	Jobs Available	<input type="checkbox"/>	Phone
<input type="checkbox"/>	Job Line	<input type="checkbox"/>	Professional Journal

MESSAGE PHONE NUMBER AND NAME OF CONTACT

	YES	NO
1. SOCIAL SECURITY NUMBER (Required as a condition of employment) _____		
2. IF EMPLOYED, CAN YOU FURNISH PROOF OF AGE?		
3. IS ANY MEMBER OF YOUR FAMILY EMPLOYED BY THE COUNTY? IF YES, WHAT DEPARTMENT? _____		
4. WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION, OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT? (IF YES, EXPLAIN FULLY) _____		
5. ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? (To apply for Veteran's Preference Points, submit a copy of your DD-214 verifying eligible service along with your application before final filing date.)		
6. DO YOU REQUIRE SPECIAL TESTING ARRANGEMENTS BECAUSE OF A DISABILITY?		

9. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
 If "YES", describe fully the nature of the offense; exclude juvenile offenses. (Convictions are evaluated for each position and are not necessarily disqualifying.) _____

YES NO

10. PLEASE INDICATE THE FOLLOWING TYPES OF EMPLOYMENT YOU WILL ACCEPT:

	YES	NO		YES	NO		YES	NO
FULL TIME			DAYS			WEEKDAYS		
VARIABLE SHIFT			EVENINGS			WEEKENDS		
EXTRA HELP			NIGHTS					

11. CITIZENSHIP: Can you, after an offer of employment, submit verification documenting your legal right to work in the United States? _____

YES NO

12. PROOF OF POSSESSION OF A VALID CALIFORNIA DRIVER'S LICENSE MAY BE REQUIRED AT THE TIME OF APPOINTMENT.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/DRUG FREE EMPLOYER

POSITION ANNOUNCEMENT NUMBER _____

SOCIAL SECURITY NUMBER _____

To help us carry out our EEO/AA obligations, please indicate if any of the following definitions apply to you.

ARE YOU A VETERAN OF THE ARMED FORCES.

For the purpose of this section, a veteran is one who has received an honorable discharge from active duty, is not receiving a non-disability retirement, and has served during one of the following wartime or equivalent periods:

World War II-December 7, 1941 to December 31, 1946;
Korean War- June 27, 1950 to January 31, 1955;
Vietnam Period-August 5, 1964 to May 7, 1975.
During peacetime, in a campaign or expedition for which a medal has been authorized by the Government of the United States. This would include Lebanon, Grenada, and Southwest Asia.

DISABILITY

A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. We wish to make appropriate job accommodations for otherwise qualified disabled applicants.

Visual Hearing Speech

Physical Developmental Disability



**MERCED COUNTY
MANAGEMENT SERVICES DIVISION
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MERCED, CA 95340
(209) 385-7682**

RACE/ETHNIC IDENTIFICATION DISCLOSURE

California Law permits applicants for employment to declare their ethnic identification. This information is for the purpose of evaluating our affirmative action program and for complying with reporting statistical information to the United States government under the equal employment opportunity requirements. **This information will be kept separate and confidential and will not be used in any way to make any employment decision.**

Your Date of Birth _____ MO. DAY YR

Check Appropriate Box Male Female

We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless to comply with legal guidelines it is necessary that you choose only one.

Check Appropriate Box

1. **FILIPINO** (Includes all persons having origins in the Philippine Islands.)

A. **ASIAN OR PACIFIC ISLANDER** (Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.)

B. **BLACK** (Includes all persons having origins in any of the Black racial groups.)

H. **HISPANIC** (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Other Spanish culture of origin, regardless of race.)

I. **AMERICAN INDIAN OR ALASKAN NATIVE** (Includes all persons having origins in any of the original peoples of North America).

W. **WHITE** (Includes all persons having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian Subcontinent.)