

APPLICATION

COUNTY OF NEVADA

PERSONNEL DEPARTMENT ERIC ROOD ADMINISTRATIVE CENTER

950 MAIDU AVENUE
NEVADA CITY CA 95959
(530) 265-1225 (530) 265-7143-FAX

FOR PERSONNEL USE ONLY

- ACCEPTED
- REJECTED
- Experience
- Education
- Relative Basis
- Absolute Basis
- Other

1. Date _____
2. Position Applying For: _____
(Show exact title - Separate application required for each position)
3. Name _____
(Print) Last, first initial
4. Mailing Address: _____
Number and Street or P.O. Box #
City and State Zip Code
- Phone: (____) (____) _____
Home Business
5. Social Security Number _____
6. California Driver's License Number _____
(If required by position) Exp. Date _____ Class _____
7. Have you ever been known by any other name? Yes No
If Yes, state under what name(s) _____
8. Military Service: From: _____ To: _____
Do you claim veteran's preference? Yes No
Must have been honorably discharged within last 5 years AND served during time of war or national emergency or in time of peace in a campaign in which a medal has been authorized by the U.S. Government, or must be a widow(er) of a person meeting the above requirements. **Attach nonreturnable copy of DD-214 if requesting veterans preference.**
9. *Veterans preference not given in promotional selection procedures.*
10. Are you under 18 years of age? Yes No
11. Are you willing to accept employment in the Truckee Area? (Eastern County) Yes No
12. Can you perform the essential duties of the job as listed on the job announcement? If NO, give details on reverse side, Item No. 23 Yes No
13. Have you been convicted of a crime, felony, misdemeanor, or citation within the last 7 yrs? (Exclude minor traffic violations for which you paid a fine of \$60 or less) If YES, give details on reverse side, Item No. 23 Yes No
14. Have you ever been discharged from any employment or forced to resign? If YES, give details on reverse side, Item #23 Yes No

15. A. Are you a Nevada County Employee?
Check YES only if you are PRESENTLY employed by the County of Nevada in a permanent position. Yes No
- B. Have you ever been employed by the County of Nevada? Yes No
If YES, in _____ Department.
Date: From _____ To _____

16. Are you related by blood or marriage to any person presently employed by the County of Nevada? If yes, give name, relationship and department in which employed on reverse side, Item No. 23 Yes No

17. Did you graduate from high school? If No, do you have a G.E.D. certificate? Yes No

18. College and schools after high school: (Attach nonreturnable copies of degrees, certificates or transcripts)

Name	Major	Years Attended (From/To)	Did You Graduate	Total Units or Hours	Degrees Rec./Yr.
Indicate if Graduate School or College					

19. Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

20. If a license or certificate is a requirement of the position for which you are applying, and you possess the license or certificate, give the following information: (Attach nonreturnable copies of licenses or certificates issued)
Title _____ No. _____ Date Issued _____ Date Exp. _____

21. Special Skills: (Attach nonreturnable copy of typing certificate, if required for position)
 - Typewriter _____ wpm 10-Key Adding Machine Bi-lingual _____ language
 - Computer: Word Processing Spreadsheets Data Base

May we contact your present employer? Yes No (Be advised if you become a finalist for the position, we must contact your employer)

22. Experience - Be careful to include the following when filling in spaces below:

1. Show your jobs in reverse order with the present job first.
2. Use a separate block for each job title (even those with the same employer)
3. Show all employment for the past 10 years.

4. Account for periods of unemployment in excess of 90 days.
5. Please use additional sheets if necessary to describe job duties.
6. Keep in mind- your acceptance depends on the completeness and applicability of the information shown.
7. Show exact job title and specific duties which you performed.

FROM / / Month/Year	TO / / Month/Year	Your Job Title: Your Duties: Last Salary	Employer's name Address Reason for Leaving:
FROM / / Month/Year	TO / / Month/Year	Your Job Title: Your Duties: Last Salary	Employer's name Address Reason for Leaving:
FROM / / Month/Year	TO / / Month/Year	Your Job Title: Your Duties: Last Salary	Employer's name Address Reason for Leaving:
FROM / / Month/Year	TO / / Month/Year	Your Job Title: Your Duties: Last Salary	Employer's name Address Reason for Leaving:
FROM / / Month/Year	TO / / Month/Year	Your Job Title: Your Duties: Last Salary	Employer's name Address Reason for Leaving:

23. Explanation of items 12, 13, 14 and 16 on other side of application. (This section may also be used to show technical or professional organizations to which you belong or any special awards or accomplishments)
Please Note #13; Conviction will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

24. Certificate of Applicant (Read this statement carefully before signing):

These answers are true and complete to the best of my knowledge. The County may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that certain positions with the County are "at will" positions which means the employment relationship between myself and the County is terminable-at-will so that both the County and I remain free to choose to end our work relationship at any time for any or no reason. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, and job-related activities, and I release from liability all persons, companies, and corporations supplying such information. I also indemnify this County against any liability which might result from making such investigation. Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest the County deems appropriate.

NOTE: Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process. A physician's note may be required.

SIGNATURE:

DATE:

REFERENCES: (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)

Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number: