

8. EXPERIENCE: Begin with your present or most recent position. List all of your experience which you believe pertains to the requirements for the examination for which you are applying. List all job titles separately. Be sure to list duties of each position. Use separate sheet(s) if necessary. Failure to complete the application in sufficient detail will constitute failure of the initial step of the examination process and the application will be placed in the inactive files. DO NOT SUBSTITUTE A RESUME FOR THE REQUESTED INFORMATION.

Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised
FROM:					
TO:					
Employer: _____ Address: _____ Phone No. _____				Reason for leaving: (Be Specific) _____ _____	
Your Title/ _____ Duties: _____ _____ _____					
Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised
FROM:					
TO:					
Employer: _____ Address: _____ Phone No. _____				Reason for leaving: (Be Specific) _____ _____	
Your Title/ _____ Duties: _____ _____ _____					
Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised
FROM:					
TO:					
Employer: _____ Address: _____ Phone No. _____				Reason for leaving: (Be Specific) _____ _____	
Your Title/ _____ Duties: _____ _____ _____					
Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised
FROM:					
TO:					
Employer: _____ Address: _____ Phone No. _____				Reason for leaving: (Be Specific) _____ _____	
Your Title/ _____ Duties: _____ _____ _____					

CERTIFICATE OF APPLICANT: I hereby certify, that all statements made in this application are true and I agree and understand that any mis-statements or omissions of material facts herein may cause forfeiture on my part of all rights to county employment.

Signature

Date

Plumas County Affirmative Action Program

The following questionnaire is intended to gather statistics for Plumas County's Affirmative Action Program. This information is solicited on a voluntary basis only and has no bearing on your application, eligibility, or selection.

Your Age Group:

Male	Female
Under 21	50-59
22-29	60-69
30-39	70 or over
40-49	

Proof of age may be required if under 21 years of age

Choose the Ethnic Group With Which You Most Closely Identify:

White	Black
Hispanic	Filipino
American Indian or Alaskan Native	Other
Asian or Pacific Islander	

Physical Data: Do you have any disabilities, which should be considered in assigning you to the work for which you are applying? Yes No If "yes", give details below?

Do you have a major disability, which may impede your obtaining employment?

None	Physical Impairment
Hearing Impairment	Developmental Disabilities
Sight Impairment	Other _____ (Specify)
Speech Impairment	