

Employment Application

Sutter County Personnel Department

1160 Civic Center Boulevard, Suite B, Yuba City, CA 95993

Office Phone Number: 1-(530) 822-7113 FAX Number: 1-(530) 822-7191

Job Line Number: 1-(530) 671-1687

Web Site URL: <http://www.co.sutter.ca.us>

E-mail: personnel@co.sutter.ca.us

An Equal Opportunity Employer

Type or print legibly using black ink. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Job Title _____

Last Name _____ First Name _____ Middle Initial _____

Street and/or Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Social Security Number (Optional) _____

1. I am interested in: Full Time Part Time Temporary

2. I am 18 - 20 years of age I am 21 years of age or over

3. If the position requires a valid driver's license, please complete the following information:
State _____ Number _____ Class _____ Expiration Date _____

4. **LICENSE OR CERTIFICATE.** If you possess a license or certificate which is a requirement for the position, please provide the following information:
Issuing Agency _____ Title _____
Number _____ Expiration Date _____

5. **FOR BILINGUAL POSITIONS ONLY.** What language(s), other than English, do you speak and/or write?
Speak _____ Write _____

6. Have you ever been convicted of a crime? (Under California law, you may exclude convictions for marijuana-related offenses more than two years' old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.) Yes No
If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

Sutter County will not deny employment to any applicant solely because the person has been convicted of a crime. Sutter County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

7. Have you ever been discharged or forced to resign from any job? Yes No
If "YES", please explain. _____

8. Are you currently or have you ever worked for Sutter County? Yes No
If "YES", please indicate position title and department. _____
If you previously worked for Sutter County under another name, please indicate: _____

9. Are you related by blood or marriage to any person(s) presently employed by the County? Yes No
(County rules prohibit certain employment of relatives.)

10. Some County positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work: _____

FOR PERSONNEL USE ONLY

Meets MQs: Yes No Initials _____ Date _____
Comments: _____

EDUCATION

College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date

EXPERIENCE

DO NOT INDICATE "SEE RESUME." Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED.**

Employment Dates and Salaries	Occupation and Description of Duties	Employer Information
A. Month/Day/Year From: To: _____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: Supervisor: _____ Phone: _____ Reason for Leaving: _____
B. Month/Day/Year From: To: Salary: No. of People Supervised: Hours per Week:	Your Title: Your Duties:	Employer: Address: City/State: Supervisor: _____ Phone: _____ Reason for Leaving: _____
C. Month/Day/Year From: To: Salary: No. of People Supervised: Hours per Week:	Your Title: Your Duties:	Employer: Address: City/State: Supervisor: _____ Phone: _____ Reason for Leaving: _____
D. Month/Day/Year From: To: Salary: No. of People Supervised: Hours per Week:	Your Title: Your Duties:	Employer: Address: City/State: Supervisor: _____ Phone: _____ Reason for Leaving: _____
E. Month/Day/Year From: To: Salary: No. of People Supervised: Hours per Week:	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND OR OMISSIONS OF MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I ALSO GRANT PERMISSION FOR THE COUNTY TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACT CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED S INFORMATION. (YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS.) I UNDERSTAND AND AGREE THAT IT IS RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE SUTTER COUNTY PERSONNEL DEPARTMENT NO LATER THAN 5:00 P.M. ON THE FINAL FILING DATE. POSTMARKS WILL NO ACCEPTED. I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH SUTTER COUNTY I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS T PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEW(S). IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TEST, I WILL SO INFORM SUT COUNTY PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUEST ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. SUTTER COUNTY RESERVES THE RIGHT TO REQUIRE MED DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH SUTTER COUNTY IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A RELATED PREPLACEMENT MEDICAL REVIEW/EXAMINATION WHICH WILL INCLUDE DRUG TESTING AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IN ACCORDANCE THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA). A BACKGROUND INVESTIGATION, INCLUDING FINGERPRINTING, WILL BE REQUIRED FOR SOME POSITIONS. I UNDERSTAND AND AGREE T EMPLOYMENT WITH SUTTER COUNTY DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE PERSONNEL DEPARTMENT COMPLETE A PAYROLL PERSONNEL FORM (PPF) APPOINTING ME POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL PRELIMINARY AND MAY BE WITHDRAWN BY THE COUNTY.

SIGNATURE: _____

DATE: _____

Completion of this form is strictly voluntary. This form will be detached and kept separate and confidential from the application. Information provided on this form will not be considered in any employment decision.

Position Applied for:		Date:	
Age Group: <input type="checkbox"/> 21 or under <input type="checkbox"/> 22 to 39 <input type="checkbox"/> 40 to 70 <input type="checkbox"/> 71 or older		Social Security Number:	
Please indicate how you became aware of this job opportunity. (Check one or more)			
<input type="checkbox"/> (A) Sutter County Interest Card System (received notification by mail)	<input type="checkbox"/> (J) Appeal Democrat	<input type="checkbox"/> (K) Beale High Flyer	
<input type="checkbox"/> (B) Sutter County's Web Site	<input type="checkbox"/> (L) Chico Enterprise Record	<input type="checkbox"/> (M) Jobs Available Publication	
<input type="checkbox"/> (C) Sutter County JOB LINE	<input type="checkbox"/> (N) Reno Gazette Journal	<input type="checkbox"/> (O) Sacramento Bee	
<input type="checkbox"/> (D) Bulletin Board (where) _____	<input type="checkbox"/> (P) The Union (Grass Valley)	<input type="checkbox"/> (Q) Other (please specify) _____	
<input type="checkbox"/> (E) Listing at Sutter County Personnel Department			
<input type="checkbox"/> (F) Sutter County Employee, Friend or Relative			
<input type="checkbox"/> (G) Internet (web site address/name) _____			
<input type="checkbox"/> (H) CSAC Web Site			
<input type="checkbox"/> (I) Employment Development Department			

Completion of this section is optional. State law prohibits the use of this information for other than statistical purposes.

MALE FEMALE

Race/Ethnic Identification

- WHITE, not of Hispanic Origin.** A person having origins in any of the original people of Europe, North Africa or the Middle East.
- BLACK, not of Hispanic Origin.** A person having origins in any of the black racial groups of Africa.
- HISPANIC.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture of origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER.** A person 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.
- AMERICAN INDIAN OR ALASKAN NATIVE.** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER.** Please specify _____