

TRINITY COUNTY APPLICATION FOR EMPLOYMENT

Department of Administration & Personnel
 101 Court Street, Courthouse, Second Floor
 PO Box 1613
 Weaverville, CA 96093
 Phone: (530) 623-1325 FAX: (530) 623-4222

Personnel Use Only

DIRECTIONS:

- Please complete all portions of this application
- Print in ink or type
- Complete one application per position for which you are applying
- Sign the application after it is completed and submit it to the Personnel Office
- Incomplete or illegible applications will not be accepted
- Resumes will not be accepted in lieu of the completed application form

I. TITLE OF POSITION FOR WHICH YOU ARE APPLYING

II. PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Phone Number: (home) _____ (work or message) _____

Mailing Address: _____
 PO Box or Street Address _____
 City _____ State _____ Zip _____

Driver's License: (STATE) _____ (NUMBER) _____ (CLASS) _____

Type(s) of work you are seeking: Full Time Temporary Nights Part Time Days
 (check all that apply)

Area(s) you are willing to work: Weaverville Hayfork Lewiston Trinity Center Junction City
 (check all that apply) Hawkins Bar Hyampom Ruth Zenia

III. EDUCATION AND TRAINING

School	Name & Location of College, University or School(s)	Major Course of Study	Units Completed	Degree Received
College				
Business/ Trade or Technical		Course Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School or		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School Equivalency		Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. CERTIFICATES OR LICENSES

Name of License or Certificate	Date of Issue	Expires

V. MACHINES, EQUIPMENT OR VEHICLES

List any machines, equipment or vehicles you operate:

VI. EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time employment and list each position separately. Start with your current or most recent employment and complete each section in its entirety. Do **not write** "See Attached" in lieu of completing any section below. You may include military and/or volunteer experience you believe will help demonstrate your qualifications for the position.

<p>Employer _____</p> <p>Address _____</p> <p>Name of Supervisor _____</p> <p>Telephone _____</p> <p>Job Title and General Description of Your Work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Employed (month and year)</p> <p>From _____ To _____</p> <p>Monthly or Hourly Wages _____</p> <p>Reason For Leaving _____</p>
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<p>Employer _____</p> <p>Address _____</p> <p>Name of Supervisor _____</p> <p>Telephone _____</p> <p>Job Title and General Description of Your Work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Employed (specify month and year)</p> <p>From _____ To _____</p> <p>Monthly or Hourly Wages _____</p> <p>Reason For Leaving _____</p>
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Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	

Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	

Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	

VII. GENERAL INFORMATION

Have you ever worked for the County of Trinity before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked the "Yes" box, please fill in the following:
Position held: _____ Date _____
Department _____

Have you ever worked for the County of Trinity under a different name? Yes No

If you checked the "Yes" box, under what name(s) have you worked before? _____

Do you have any relatives by blood or marriage who are currently employed by the County of Trinity? Yes No

If you checked the "Yes" box, please state the name and department of your relative working for the County. (The County Personnel Ordinance establishes certain conditions which must be met before relatives of current county employees can be hired.)

Name: _____

Department: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (Conviction is not an automatic bar from employment. Each case is considered individually relevant to the position for which you are applying.)

Yes No If you checked the "Yes" box, please explain providing the charge, the date, the location and action taken against you:

VIII. SIGNATURE

I authorize the County of Trinity Personnel Department to release the information contained in this application to other prospective employers:

Yes No

I authorize the County of Trinity to contact the employers I have listed in this application: Yes No If you marked "No" which employers do you NOT want us to contact? _____

I hereby certify that all statements made in this Application for Employment are true and complete. I agree and understand that any misstatement or omission of fact on this application may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined. I give the County of Trinity and its agents permission to verify any information given.

SIGNATURE _____

DATE _____

⇒ All new employees are required to sign various forms related to employment with the County of Trinity. If made a conditional offer of employment you will be required to show proof of citizenship or eligibility to work in the United States as required by the I.N.S.

⇒ The information you provide on this application form will be used only in connection with this examination and will enable the County of Trinity to determine if you meet the minimum requirements for the position. Further, information contained in your application may be considered when rating your qualification during the exam process.

⇒ **IF SELECTED FOR AN INTERVIEW OR TESTING AND YOU REQUIRE SPECIAL ACCOMMODATION(S) DUE TO A DISABILITY, PLEASE CONTACT THE PERSONNEL DEPARTMENT PRIOR TO THE TEST OR INTERVIEW DATE IN ORDER THAT ARRANGEMENTS MAY BE MADE.**

TRINITY COUNTY QUESTIONNAIRE

Applicant: Trinity County is committed to providing Equal Employment Opportunity in all personnel practices. In order to further this commitment, applicants are requested to voluntarily provide the following information which will be detached from the application and used for research purposes only.

1. **Title of position for which you are applying:**

2. **Date:** _____

3. **Date of birth** _____ **Age** _____

4. **Gender:** Female Male

5. **If you have a disability or record of impairment, please indicate your disability below.**

Visual Impairment

Hearing Impairment

Physical Impairment

Speech Impairment

Developmental

Mental Disability

Other (please specify): _____

6. **Ethnic Category**

American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association)

Asian or Pacific Islander (Far Eastern, Southeast Asian, Pacific Islander, Pakistani or East Indian descent)

Black (includes persons having origins in Black racial groups in Africa)

Hispanic (Mexican, Cuban, Puerto Rican, Central or South American descent or persons of other Spanish culture or origin, regardless of race)

White (European, North African [excluding Black racial groups], or Middle Eastern descent)

Other. Please specify: _____

7. **How did you learn about this position? (check all that apply)**

Friend or relative

County Employee

County Vacancy Announcement

County Personnel Office

Trade or Professional Publication

Newspaper. Name of newspaper: _____

Other. Please specify: _____