

# Job Application

Eff. 7/1/2017

## COUNTY OF YUBA

Human Resources & Organizational Services Department  
 915 8<sup>th</sup> Street, Suite 113  
 Marysville, CA 95901  
 Telephone (530) 749-7860  
 Fax (530) 749-7864  
[www.co.yuba.ca.us](http://www.co.yuba.ca.us)



**IMPORTANT:**

1. For full employment application Instructions please visit the Job Opportunities page at [www.co.yuba.ca.us](http://www.co.yuba.ca.us).
2. You **MUST** list a specific job title. If you are applying for more than one position, you must submit a separate application for each.
3. Applications that are illegible, incomplete, or unsigned may be rejected without review.
4. All applications **MUST** be in the Human Resources Department by the published closing date. **POST MARKS DO NOT QUALIFY.**
5. You **MUST** provide copies of required certificate(s), college diploma(s), and college transcript(s). Note: may be unofficial transcripts.

### Job Applying For

JOB TITLE: \_\_\_\_\_

### Basic Information

**NAME:**

First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

**ADDRESS:**

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
 State/Postal/ City: \_\_\_\_\_ Region: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**TELEPHONE:**

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Are you eligible to work in the U.S.? Yes  No

**DRIVER'S LICENSE:**

D.L. Number: \_\_\_\_\_ D.L. State: \_\_\_\_\_ D.L. Class: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Education

Highest year completed \_\_\_\_\_  less than 8  8  9  10  11  12  Did you graduate from High School or receive a GED? Yes  No

HS ATTENDED: \_\_\_\_\_ LOCATION OF HS/GED: \_\_\_\_\_

List any degrees received or in progress:

	School Name	Location (City & State)	Major	Degree	Unit Comp.
1					
2					
3					
4					

## Specialized Training

List specialized training which resulted in certification, accreditation or license, etc.:

	Type of Training	Institution	Certification, Accreditation, or License
1			
2			
3			

List special skills, other relevant information, or provide clarification for above. For Example: Bi-Lingual (identify - speak, read, write) 10-key, typing skills, short-hand, dictation, notary, etc. :

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## Work Experience

*I have no previous experience:*

May we contact your current or most recent employer? \_\_\_\_\_ Yes  No

Begin with your current or most recent experience. List work record history and other pertinent experience. **Failure to list work experience or stating "See Resume" will be considered an incomplete application and subject to rejection.** Resumes should be attached to an application.

### 1 COMPANY NAME:

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start                      End                      Reason

Job title: \_\_\_\_\_ date: \_\_\_\_\_ date: \_\_\_\_\_ for leaving: \_\_\_\_\_

Hours/wk.: \_\_\_\_\_ Mo. Salary \$: \_\_\_\_\_ Supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Describe this work experience (*do not write "See Resume"*):

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### 2 COMPANY NAME:

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start                      End                      Reason

Job title: \_\_\_\_\_ date: \_\_\_\_\_ date: \_\_\_\_\_ for leaving: \_\_\_\_\_

Hours/wk.: \_\_\_\_\_ Mo. Salary \$: \_\_\_\_\_ Supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Describe this work experience (*do not write "See Resume"*):

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## Work Experience cont.

### 3 COMPANY NAME:

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Hours/wk.: \_\_\_\_\_ Mo. Salary \$: \_\_\_\_\_ Supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Describe this work experience (*do not write "See Resume"*):

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### 4 COMPANY NAME:

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Hours/wk.: \_\_\_\_\_ Mo. Salary \$: \_\_\_\_\_ Supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Describe this work experience (*do not write "See Resume"*):

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*If you would like to provide additional work experience, utilizing the same format as above, please list on a separate sheet and attach to application.*

## Additional Experience

List any additional experience (*volunteering, internships, etc.*):

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## Work Qualifications

Are you over 18 years of age? \_\_\_\_\_ Yes  No   
 (Employment is subject to verification that you meet any legal age requirements for any jobs for which you may apply.)

Are you now employed with the County of Yuba as a permanent, probationary or temporary employee? \_\_\_\_\_ Yes  No

Have you previously been employed by the County of Yuba? \_\_\_\_\_ Yes  No   
 If "Yes", please provide name employed under, job title, department, part-time/full-time, and dates of employment :

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Are you related by blood or marriage to any person presently employed by the County of Yuba? \_\_\_\_\_ Yes  No   
If "Yes", please provide name, relationship, and the department the employee works in:

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Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? \_\_\_\_\_ Yes  No   
If "Yes", please explain fully

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Do you claim Veteran's Credit (Veteran's, Disabled Veteran's and Widows of Veterans)? \_\_\_\_\_ Yes  No   
If "Yes", attach a copy of your DD214 or other authorized proof of service with this application.

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Are you able to perform the essential functions of this position, with or without reasonable accommodation? \_\_\_\_\_ Yes  No

*NOTE: Public Safety positions require additional information during the course of standard background checks.*

## Job Origin

I first learned of this job opening through *(please check one)*

### COUNTY RELATED

- One Stop.
- HR E-mail Notice
- County Website
- County Employee

### NEWSPAPER

- Appeal Democrat
- Chico Enterprise
- Sacramento Bee
- Grass Valley  
Union

### INTERNET

- CalOpps.org
- Craigslist.org
- Monster.com
- GovJobs.com
- Indeed.com
- Facebook
- CaJOBS
- MMANC.org
- LinkedIn
- CSAC-EIA

### PUBLIC SECTOR PUBS

- Jobs Available
- Western County
- ICMA Newsletter
- County & State

### JOB BOARD

- Sac State
- Chico State
- Yuba College
- Butte College
- UC Davis
- POST

### OTHER

- Job Fair
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**DISABLED APPLICANTS:**

The County will make reasonable accommodations in the exam process to accommodate disabled applicants. To request an accommodation during the recruitment process you must complete the Applicant Accommodations Request by the Final Filing Deadline. Failure to submit this request and authorization by the FINAL FILING DEADLINE may result in the County being unable to provide the requested accommodation(s).

**CERTIFICATE OF APPLICANT (READ THIS CAREFULLY BEFORE SIGNING) REQUIRED:**

I hereby declare under penalty of perjury, that all statements made on or in connection with this application, including those regarding my training and experience are true and complete. I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I understand and accept that any employment with the County of Yuba is contingent upon successful completion of a thorough reference check, a related pre-placement medical review/examination, which may include drug testing, and my furnishing documentation evidencing employment authorization in accordance with the Immigration Reform and Control Act of 1986 (IRCA). A background investigation, including fingerprinting, will be required for some positions. I understand and agree that employment with the County of Yuba does not occur until successful completion of all employment procedures, including necessary documentation and clearance of medical and background as relevant. Until formal appointment is made in this manner, any offers of employment are conditional and preliminary and may be withdrawn by the County.

I hereby request, authorize and consent to the release of information to Yuba County regarding my previous and/or current employment for the purpose of evaluating my suitability for employment. I authorize my current and former employers(s) and/or personal references, further identified as Responding Party, to provide to the County all information requested regarding my employment record, character, general reputation, personal characteristics including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records, including any records which were sealed as part of a settlement; reliability and any incidents of dishonesty, insubordination, violence and/or unsafe behavior; harmful or threatening behavior including information based upon materials in my personnel file. I authorize the release of such information regardless of any agreement, instructions or representations I may have previously made with Responding Party to the contrary. I further authorize Responding Party or its agents to answer whether they would be willing to rehire me. In addition, I authorize Responding Party to release the contents of and/or to provide a photocopy of my entire personnel file, if requested by Yuba County, including all documents sealed pursuant to any settlement agreement or stipulation, and all application information including questionnaires, interviews, education transcripts and polygraph examination results. I further authorize the disclosure of all records which, as an employee, I would have or did have access under Labor Code Section 1198.5.

I hereby release and forever discharge and hold harmless all parties involved, including officers, employees, or related personnel, both individually and collectively, from any and all liability, claims, demands and causes of action, of whatever kind or nature which may arise at any time from requesting or furnishing the requested information for purposes of evaluating my suitability for employment. Specifically, Responding Party will not be subject to any civil liability for any relevant cause of action by virtue of releasing information identified above in compliance with California Civil Code Section 47 as amended.

By signing below, I acknowledge that I have carefully read and understand this release, and agree to its provisions. This waiver and release will expire one year after the date signed. A photocopy of this Waiver and Release is to be considered as valid as an original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This page is intentionally blank*

Applicant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Equal Employment Opportunity Questionnaire**

Please complete both parts of this form. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluation the effectiveness of our Equal Employment Opportunity policy and recruitment efforts. This information will not be used for employment discussions.

**EHNICITY**

- White (Not Hispanic or Latino)
- Black or African American
- Hispanic or Latino
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan
- Two or More Races (Not Hispanic or Latino)
- Native Hawaiian or Other: \_\_\_\_\_

**GENDER**

- Male
- Female

**DISABILITIES**

- None
- Hearing
- Sight
- Speech
- Other: \_\_\_\_\_