

EMPLOYMENT APPLICATION -- COUNTY OF NEVADA, CALIFORNIA

Human Resources Department, 950 Maidu Ave, Nevada City CA 95959 (530) 265-1225, Fax (530) 265-9841

FOR HUMAN RESOURCES USE ONLY

- ACCEPTED
 REJECTED
 Experience
 Education
 Relative Basis
 Absolute Basis
 Other

This form is also available in a type-on-screen version at www.mynevadacounty.com/hr.

1. Date: _____
2. Position Applying For: _____
(If applying for more than one position, use a separate Application for each.)
3. Name: _____
First Last M.I.
4. Mailing Address: _____
Number and Street or P.O. Box
City State ZIP
- Telephone: _____
Home Work
5. Drivers License Number (if required by position): _____
Class: _____ Expiration Date: _____
6. If you have ever been known by any other name, please print that name here:

7. Military Service: From: _____ To: _____
8. Do you claim Veteran's Preference? Yes No
(You must have been discharged or released from active military, naval, or air service of the United States under conditions other than dishonorable within fifteen (15) years immediately preceding the examination deadline date. **Attach a nonreturnable copy of DD-214 if requesting Veteran's Preference.** *Veteran's Preference is not given in promotional selection procedures.*)
9. Are you under 18 years of age? Yes No
10. Have you been convicted as an adult for any violation of the law? (Provide dates, location (s), and penalties. Exclude traffic violations under \$150 and convictions more than two years old for marijuana-related violations of any of the following sections of the California Health and Safety Code: 11357(b) or (c), 11360(b), 11364, 11365, or 11550. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration. If YES, explain on Page 2, Item 25. Yes No)
11. Have you ever been discharged from any employment or forced to resign? If YES, give details on Page 2, Item 25.) Yes No
- 12.A. Are you PRESENTLY an Employee of the County of Nevada? Yes No
- 12.B. Have you EVER been employed by the County of Nevada? Yes No
If YES, in _____ Department,
From _____ To _____
13. Are you related by blood or marriage to any person presently employed by the County of Nevada? Yes No
If YES, give name, relationship and department in which employed on Page 2, Item 25.
14. Did you graduate from high school? Yes No
If NO, do you have a G.E.D. certificate? Yes No

15. Are you available for work (check all that apply):
 Full-time Part-time Shift Work Temp
16. Are you willing to accept employment in the Truckee Area (Eastern Nevada County)?
 Yes No
17. Can you perform the essential duties of the job as listed on the job announcement? (If NO, give details on Page 2, Item 25.) Yes No
18. Colleges and Schools after high school. (**Attach non-returnable copies of degrees, certificates or transcripts.**)

Name-- Indicate if Graduate School or College	Major	Years Attended (From/To)	Did You Graduate?	Total Units or Hours	Degree Rcvd/Year

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	Number	Issue Date	Expiration Date

21. Special Skills (**Attach nonreturnable copy of typing certificate, if required for position**):
 Typewriter/keyboard _____ wpm
 Multi-lingual (Languages: _____)
 Computer: Word Processing Spreadsheet Database

22. How did you learn of this position?
 Publication: _____ Website: _____
 Other: _____

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

24. EXPERIENCE. Be careful to include the following when filling in the 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 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: _____

25. Explanation of items 10, 11, 13 and 17 on the first page 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 #10:** Conviction is not necessarily a bar to employment. Each case will be given individual consideration.

26. 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 up 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 on 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 or 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 notify us if you need an accommodation to complete the application process. A physician's note may be required.

SIGNATURE

DATE

27. 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: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____