MENDOCINO COUNTY on behalf of CSAC EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applicants are considered without regard to race, color, religion, sex, age, sexual orientation, national origin, marital status, or the presence of a non job-related mental or physical disability. County employment is subject to the rules of Civil Service.

ame _	ne	Social Security #
b Bul	Bulletin#	Job Title
STRI	TRUCTIONS (read carefully):	
1.		eet the minimum qualifications of the position(s) for which you apply etail to allow for further review and evaluation. Please type or print in
2.		oplication, but will not be accepted in lieu of completing any part of the esume" in the "Experience" section will be rejected as incomplete.
3.	3. List all experience that shows how you meet the "Experience" section if you need more spa	the minimum qualifications of the position. Request additional copies of ace.
4.		for each job title for which you apply. Application materials are the returned. You should make a copy of all materials before submission.
5.	1 7	irrent employers, and/or the last school you attended regarding your and telephone number of each supervisor on the application.
6.	6. It is your responsibility to notify the Human address. Failure to do so may result in misse	Resources Department of any change to your telephone number or d notification for exams or interviews.

TURN THIS PAGE TO COMPLETE APPLICATION

REV 12/03 CW FORM 1173



Department of Human Resources 501 Low Gap Road, Room 1326 Ukiah, CA 95482 (707) 234-6600 FAX (707) 468-3407

e-mail: hr@co.mendocino.ca.us

VOLUNTARY EEO FORM MENDOCINO COUNTY ON BEHALF OF CSAC

An Equal Opportunity Employer

Website: www.co.mendocino.ca.us/hr

Please help us carry out our EEO/AA obligations and comply with state and federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States governments. This information will be kept separate from examination and application materials and will not be used in any unlawful way to make any employment decision. The County of Mendocino is an Equal Opportunity Employer.

_	■ VIETNAM ERA VETERAN. A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed between 8/5/64 and 5/7/75.											
	□ DISABLED VETERAN. A person entitled to disability compensation under laws administered by the Veteran's Administration for disability, rated at 30% or more, or a person whose discharge or released from active duty was for a disability incurred or aggravated in the line of duty.											
	HANDICAPPED INDIVIDUAL. A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.											
	What is the nature of your handicap? ☐ visual ☐ hearing ☐ speech ☐ physical ☐ developmental disability CHECKING ANY OF THESE AREAS WILL NOT BE CONSIDERED A REQUEST FOR ACCOMODATION.											
Your Date	e of Birth/_											
Please au multicultu	nswer below based or ral heritage. Neverthel	n how you are known less, to comply with le	in your co gal guidelin	ommunity. We under es we would like you	stand that to choose o	it may be d nly one.	ifficult to c	hoose a single ethnic identity if you have a				
Check the	e Appropriate Box:	☐ Male	☐ Female	e								
Check the	e Appropriate Box:											
8. 🗆	WHITE (not Hispanic persons not classified the five specific ethni categories that follow	d into one of c minority	2. 🗆	BLACK (not Hispani persons having origi racial groups.			7. 🗆	HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or Origin, regardless of race.				
1. 🗆	ASIAN Or Pacific Isla than Filipinos. All per origins in any of the co of the Far East, South the Pacific Islands. F China, Japan, Korea, Indian Subcontinent a Middle East.	rsons having original peoples heast Asia, or For example, , Samoa, the	3. 🗆	FILIPINO All persons in the people of the F			5. □	AMERICAN INDIAN or Alaskan Native. All persons having origins in any of the original peoples of North America.				
	omplete the following:	through (about one):										
	, , ,	- , , ,										
1. □ 2. □		mployment Opportunion the Human Resource			6. □ 7. □	School Pla Television		fice				
2. □ 3. □	Trade/professional pu	ublication			7. □ 8. □)				
4. □		y Department (not Hu	man Resou	rces Department)	9.							
5. Friend or relative					10. 🗆	Internet						



Department of Human Resources 501 Low Gap Road, Room 1326 Ukiah, CA 95482

EMPLOYMENT APPLICATION

MENDOCINO COUNTY

ON BEHALF OF CSAC

(707) 234-6600 FAX (707) 468-3407
Website: <u>www.co.mendocino.ca.us/hr</u> e-mail: hr@co.mendocino.ca.us

An Equal Opportunity Employer

Applications Must be Typed or in Ink. Complete all Sections. You are Responsible to Provide Enough Information to Allow for Comprehensive Review and Evaluation									
1. Job Title:	Job Bulletin#:								
2. Your Name:									
Last 3. Address:	First	Middle							
Mailing Address	City & State	Zip Code							
Your Social Security #:	per records are maintained.)	sure of your Social Security Number is voluntary. The Social							
5. Telephone Number: Home ()	Business: ()	employer? pes po							
6. Can you work legally in the United States? ☐ yes ☐ r	10 If hired you must submit proof of your legal right to work	in the United States.							
7. If hired, can you furnish proof of your age? ☐ yes ☐ announcement.	no To qualify for appointment, applicants must be a mi	nimum 18 years of age unless otherwise specified in the job							
8. Veterans check here $\ \square$ If you are applying for Veteran's P $_{\rm certain\ recruitments).}$	reference Points attach form DD214 to application	1 (Veteran's preference points are given to eligible veterans on							
No. 9 removed to comply with AB2	18								
10. Do you have a valid California driver's license? ups ups ups ups ups ups ups ups ups up									
☐ Ukiah ☐ Willits ☐ Fort Bragg ☐ Other IMPORTANT: Employment with the County may require transfer to other	er than the original area. In accepting employment with Mendoc	ino County, you are consenting to such transfer.							
13. Indicate the type of appointment(s) you will accept (check a ☐ full-time regular position (40 hours per week)		er week) 🔲 extra help							
14. Are you currently employed by Mendocino County?	☐ yes ☐ no ☐ regular ☐ e	extra help							
15. Have you ever been discharged or rejected during probation, or resigned under pressure or unfavorable circumstances? ☐ yes ☐ no									
16. EDUCATION: Did you graduate from high school? ☐ yes If "no", circle the highest year completed: 1 2 3 4		s □ no							
Undergraduate, Business or Trade School		nester UnitsYear Conferred ter Units Type of Degree							
		nester UnitsYear Conferred ter Units Type of Degree							
Graduate School		ester UnitsYear Conferred ter UnitsType of Degree							

TURN PAGE OVER TO CONTINUE COMPLETING APPLICATION

FOR HUMAN RESOURCES USE ONLY											
Date Reviewed	Reviewer	☐ Rejected ☐ Accepted	Education	Experience	Certification	Biling	ıal	Туре		Other	
Veterans Pts.	Typing Speed.	Trans. Speed.	Mail Date		Appl. Incomplete		Rec'd Late		Licen	se	

17. EXPERIENCE: It is your responsibility to show that you meet the minimum qualifications of the position applied for. Provide enough information to allow for evaluation of your work experience and abilities. List the positions held, starting with your most recent job. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. If more space is needed, request additional Experience sheets.

This section must be completed. A resume may accompany your completed application, but will not be accepted in lieu of completing any part of the application. Applications that reference "see resume" in the "Experience" section will be rejected as incomplete.

Name of Employer:			e Under Which You Were Employed	Type of Business					
Address						Telephone			
						·			
Reason for Leaving			We Contact Now?		Name of Supervisor				
Title of Position Held	Employed from:		mo yr	Hours p	er Week				
	To:		mo yr						
No. Employees Supervised by you.	Type of Work P	erforme	d – Identify the most important tasks/duties performed.						
Name of Employer:		Name	e Under Which You Were Employed	Type of Busines	Type of Business				
Address					Telephone				
Reason for Leaving		May	We Contact Now?		Name of Super	visor			
Title of Position Held	Employed from:			Hours p	er Week				
	To:		mo yr mo yr						
No. Employees Supervised by you.	Type of Work Pe	erformed	d – Identify the most important tasks/duties performed.						
Name of Employer:		Name	Name Under Which You Were Employed			Type of Business			
Address				Telephone					
Reason for Leaving			May We Contact Now?			Name of Supervisor			
Title of Position Held	Employed from:		mo yr	Hours p	er Week				
	To:		mo yr d – Identify the most important tasks/duties performed.						
No. Employees Supervised by you.	Type of Work Pe	erformed	d – Identify the most important tasks/duties performed.						
18. License or Certification (if required by	y position):		I i up i i i u		In				
Certificate of Training/Professional Registration			License#/Registration #		Date Issued		Expiration		
	dress of 3 peopl	e (not	relatives) that we may contact who have known	wledge o	f your job skills	, experience and	l ability. You may use past		
employers. Name	Address		Tele	ephone #		Busines	s/Occupation		
Applicant Cortification: DI FASE DEAD	DEFORE SIGNING		ERTIFY that the statements made by me	in this a	nnligation are	true complete	and correct to the best of		
my knowledge and belief. I authorize	Mendocino C	ounty	on behalf of CSAC to investigate all sta	tements	contained in	this application	n and its attachments. I		
			ion and that any misrepresentation, frau						
			ding dismissal for cause, after employment or expressed or implied contract or offer of expressed or implied contract or offer of expressions.			ot this application	on and its acceptance by		
wendocino county on benait of CSAC (JUES HUL CONSTI	iule a	ii expressed or implied contract or oner of 6	=mpioyn	IICIIL				
XSignature					Date				
Gignature					Dati	•			

MENDOCINO COUNTY ON BEHALF OF CSAC EXPERIENCE CONTINUED

17. EXPERIENCE — CONTINUED It is your responsibility to show that you meet the minimum qualifications of the position applied for. Provide enough information to allow for evaluation of your work experience and abilities. List the positions held, starting with your most recent job. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. If more space is needed, request additional Experience sheets.

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Name of Employer:		Name Under Which You Were Employed	Type of Business						
Address		<u> </u>	Telephone						
Reason for Leaving		May We Contact Now?	Name of Supervisor						
Title of Position Held	Employed from	m: mo yr	Hours p	er Week					
	To:	mo yr							
No. Employees Supervised by you.	Type of Work P	erformed – Identify the most important tasks/duties performed.							
Name of Employer:		Name Under Which You Were Employed	Type of Busines	SS					
Address			Telephone						
Reason for Leaving		May We Contact Now?		Name of Super	visor				
Title of Position Held	Employed from:	. mo yr	Hours p	er Week					
No. Faralassas Companies de la	To:	mo yr							
No. Employees Supervised by you.	Type of Work Pe	erformed – Identify the most important tasks/duties performed.							
Name of Employer:		Name Under Which You Were Employed		Type of Busines	SS				
Address				Telephone					
Reason for Leaving		May We Contact Now?		Name of Super	visor				
Title of Position Held Employed from:		mo yr	Hours p	per Week					
No. Employoos Suponised by you	Type of Work P	moyr							
No. Employees Supervised by you. Type of Work Performed – Identify the most important tasks/duties performed.									
Name of Employer:		Name Under Which You Were Employed		Type of Busines	SS				
Address				Telephone					
Reason for Leaving		May We Contact Now?		Name of Super	visor				
Title of Position Held	Employed from:	mo yr	Hours p	er Week					
No. Employees Supervised by you.	To:	mo yr erformed – Identify the most important tasks/duties performed.							
No. Employees Supervised by you.	Type of Work Pe	enormea – identity the most important tasks/duties performed.							