DIANE CURRY
Interim Agricultural Commissioner

PHONE (707) 234-6830
FAX (707) 463-0240

ARIF KEVER
Assistant Agricultural Commissioner
Assistant Sealer of Weights & Measures

EMAIL agcomm@co.mendocino.ca.us
WEBSITE www.co.mendocino.ca.us/agriculture

COUNTY OF MENDOCINO
DEPARTMENT OF AGRICULTURE
890 N Bush St.
Ukiah CA 95482

THIRD PARTY APPLICATION

Applications 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.

Please fill out completely as incomplete applications will not be considered.

Name: _____   Social Security #: _____
                                                                             (Or Tax ID #)

Address: _____
                                                    City/State   Zip Code
Business Name: _____

Business Address: _____
                                                     City/State   Zip Code
Telephone Number: _____
                                     Home   Business   Cell
Email: _____

Have you ever been convicted of a Felony by any court? Yes ☐ No ☐
If Yes, please explain:

Do you have a valid California Driver's License? Yes ☐ No ☐
If Yes, Class _____
Driver's License Number: _____

What language(s), other than English, do you speak fluently? _____

          Read and write fluently? _____

EDUCATION:
Did you graduate from High School? Yes ☐ No ☐
If "No", did you receive a G.E.D. Yes ☐ No ☐

If No, circle highest year completed. 1 2 3 4 5 6 7 8 9 10 11 12

Undergraduate, Business or Trade School:	Major:	Semester Units:	Year conferred
Graduate School	Major:	Semester Units:	Year conferred

EXPERIENCE: It is your responsibility to show that you meet the qualifications of the TPI program. Provide enough information to allow for evaluation of your work experience and abilities. List positions held, starting with the most recent job. Include relevant volunteer experience.
THIS SECTION MUST BE COMPLETED:

Name of Employer: **Type of Business:**   **Relevant Duties:**

REFERENCES: **Give names and address of 3 people (not relatives) that we may contact who have knowledge of your job skills, experience and ability.**

Name	Address	Telephone	Business/Occupation

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I authorize the Department of Agriculture to investigate all statements contained in this application and its attachments. I understand the statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny application. The submission of this application and its acceptance by the Department of Agriculture does not constitute an expressed or implied contract or offer of employment.

X_____

    Signature   **Date**