

**POSITION APPLYING FOR:** 

County of Tuolumne
An Equal Opportunity Employer
Human Resources 2 South Green Street, Sonora, CA 95370 (209) 533-5566 Fax: (209) 533-5901 www.tuolumnecounty.ca.gov

HR Use Only AR
Reason
ID:

## APPLICATION FOR EMPLOYMENT

You must use a separate application for each position you are applying for. All items must be completed in detail as applicable for purposes of review. KEEP

completed		instructions, THIS A	PPLICATION W			ne information that you provide.  UMES MAY BE ATTACHED		
NAME_	LAST	FIRST	MIDDLE			List any previous names under	which you have	
, DDDE						worked, gone to school or serv	ved in the Armed	
ADDRE	SSNUMBER	STREET	CITY, STA	ΓE, ZIP		Forces:		
						-		
HOME PHONE WORK PHONE						If you are NOT a U.S. citizen, do you have the legal		
ARE YO	U NOW EMPLOYED BY	THOI HMNE COUNTY	right to work in the U.S.?	ÆS □ NO □				
			)	E-Mail Address:				
IF 11	ES, CLASSIFICATION & D	PEFARTIMENT	1: 4 C1 :CC D	1	D:	y's Office, you must answer the fo		
Applica violation individu possessi	nts for all other positions n of the law? Exclude tra nal consideration, based of	s will be required to a ffic violations under on job-relatedness. Y ol grounds or possess	nswer this questing \$250.00. A convition of concentrate	on durin iction rec convicti ed canna	g the interview proc cord is not necessari ions for the possessi	cess, if selected. Have you ever be ily a bar to employment. Each cast ion of marijuana (except for converted han two years old, and any information)	een convicted of any se will be given rictions for the	
EDUCA	TION AND TRAINI	NG						
					ou graduate?	If not, do you have a GED or California High School		
	e							
Names of Colleges/Universities Attended				Dates Attended	Course of Study/Major	Certificate/Degrees Received		
Other I	Relevant Course(s) and	Training						
Professional License or Certificate, if Required					Date Issued	Serial Number	Expiration Date	
				rping Speed WPM	List any Foreign Languages in which you are fluent:			
Inquiri	es may be made of y	our former emplo	yers or the las	t schoo	ol you attended, 1	regarding your performance	e record.	
May w	e contact your <i>prese</i>	nt employer?	YES □	NO				
Were y	ou ever discharged or	forced to resign fro	om any position	? YE	S NO If	yes, please explain:		
*	Were you referred by a Tuolumne County employee? YES \( \subseteq \) NO \( \subseteq \)  If yes, name and department of referring employee:  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  If yes, name and department of referring employee:  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  If yes, name and department of referring employee:  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  If yes, name and department of referring employee:  Mere you referred by a Tuolumne County employee? It is application are true, and I agree and understand that misstatement or omissions of material facts herein may forfeit my rights to any employment in the service of the County of Tuolumne.  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  If yes, name and department of referring employee:  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \) NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \)  NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \)  NO \( \supseteq \)  Mere you referred by a Tuolumne County employee? YES \( \supseteq \)  NO \( \supseteq \supseteq \)  Mere you referred by a Tuolumne to referring employee?  No \( \supseteq \supseteq \supseteq \)  No \( \supseteq \							
					Signature			
Revised 5	5.06.2014	PLEASE C	OMPLETE $\overline{\mathbf{B}}$	OTH SI	DES OF THIS A	PPLICATION	TIMILIANE	



## This Section MUST BE FILLED OUT

A resume may be submitted as supplemental information, but will not be accepted in lieu of a completed application.

EMPLOYMENT HISTORY: List your work record for the past 10 years, beginning with your most recent experience. Include volunteer, school and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same format and attach securely. EMPLOYER (BUSINESS OR AGENCY NAME) NO. OF EMPLOYEES TITLE OF YOUR POSITION: SUPERVISED BY YOU MO. MO. YR. YR. PHONE # HOURS ADDRESS CITY NAME OF SUPERVISOR STATE PER WEEK DUTIES: SALARY: \$ REASON FOR LEAVING: TITLE OF YOUR POSITION: EMPLOYER (BUSINESS OR AGENCY NAME) NO. OF EMPLOYEES SUPERVISED BY YOU MO. MO. YR. ADDRESS NAME OF SUPERVISOR PHONE # CITY STATE HOURS PER WEEK SALARY: DUTIES: REASON FOR LEAVING: TITLE OF YOUR POSITION EMPLOYER (BUSINESS OR AGENCY NAME) NO. OF EMPLOYEES \_TO: \_ SUPERVISED BY YOU MO. YR. MO. YR. ADDRESS CITY STATE NAME OF SUPERVISOR PHONE# HOURS PER WEEK DUTIES: SALARY: REASON FOR LEAVING: EMPLOYER (BUSINESS OR AGENCY NAME) TITLE OF YOUR POSITION NO. OF EMPLOYEES TO: SUPERVISED BY YOU MO. YR. MO. YR. ADDRESS CITY STATE NAME OF SUPERVISOR PHONE# **HOURS** PER WEEK DUTIES: SALARY: REASON FOR LEAVING:



JOB TITLE APPLIED FOR:	DATE:							
The County of Tuolumne requ	uests that you complet	LUMNE COUNTY QUESTION te this portion of the application under No individual personnel selections a	r provisions of Gov't Code Section 12	33.				
CATEGORY		AGE (40 Years or Older?)	GENDER					
☐ American Indian ☐ Filipino		□ Yes	☐ Male					
☐ Asian/Pacific Islander ☐ Hispanic		□ No	☐ Female					
□ Black □ White								
I LEAR	NED ABOUT THIS	JOB OPENING FROM (Check ap	propriate Boxes):					
1. □ A FRIEND OR RELAT	IVE							
2.   A COUNTY EMPLOYEE – Name of Employee:								
3. □ COUNTY EMPLOYME	ENT ANNOUNCEME	ENT						
4.   WEBSITE (Please specify):								
5.   AN ORGANIZATION OR GROUP (please specify):  AN ORGANIZATION OR GROUP (please specify):								
6. □ ADVERTISEMENT (Which paper or magazine?):								
/. L OTHER MEANS (Pleas	e specify)							