COUNTY OF PLUMAS

APPLICATION FOR POSITION

Return Application to:

PLUMAS COUNTY HUMAN RESOURCES
520 Main Street, Room 115
Quincy, CA 95971
(530) 283-6444

Instructions: All applications for county positions must be submitted on the standard county application form. **A separate application must be submitted for each position. The application must be completed in sufficient detail to allow comprehensive review and evaluation. Failure to complete the application in sufficient detail will disqualify the applicant from further review.** Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify the Human Resources Department of any change of address, name or other pertinent information. If you have any disabilities which may require special testing arrangements please contact the Human Resources Department. Faxed applications may be used to secure your position, however, a signed original application form is required before an interview will be scheduled.

1. Official title of the Position for which you are applying,

2. Name: _____
Last First Middle

Mailing Address: _____
City State Zip

Home Phone_____ Other Phone_____

3. Social Security Number: _____-_____-_____(Disclosure is voluntary but will assist in simplifying the application process)
Do you have a valid Cal. Driver's License? Yes ____ or No ____ Drivers License Number _____

4. Are you related to any Plumas County Employee? Yes____ or No ____
If Yes, What is their name, what is your relationship, and what department do they work in?
NAME: _____
RELATIONSHIP: _____**Dept.** _____

5. Certifications or License applicable to the position.
_____
_____

7. Have you ever been convicted by a court of an offense? Yes No If yes, ____ Misdemeanor ____Felony

You may omit:

a. Traffic violations for which the fine imposed was $ 150 or less.
b. Any offense committed prior to you 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.
c. Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated.
d. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case dismissed
e. Any conviction more than two years old for violations of Health & Safety Code §11357(b) or (c), §11360(b), §11364, §11365, or §11550 as related to marijuana.

PLEASE EXPLAIN ON A SEPARATE PIECE OF PAPER

8. **EDUCATION: List all of your education which pertains to the requirements for the position for which you are applying.**

NAME AND LOCATION OF SCHOOL ATTENDED	Business School:	Undergraduate Studies	Graduate Study:
Dates Attended:			
Units Completed:			
Degree Earned/ Certificate Completed			
Date of Graduation:			

9. EXPERIENCE: List below all present and past employment FOR THE LAST 10 YEARS beginning with your most recent employment. Explain gaps between employment periods. List all job titles separately. Be sure to list duties of each position. Use separate sheet's if necessary. Failure to complete the application in sufficient detail will constitute failure of the initial step of the examination process and the application will be placed in the inactive files. **DO NOT SUBSTITUTE A RESUME FOR THE REQUESTED INFORMATION.**

Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised
FROM:					
TO:					

Employer: _____ Reason for leaving: (Be Specific) _____

Address: _____

Phone No. _____

Your Title/Duties: _____

Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised:
FROM:					
TO:					

Employer: _____ Reason for leaving: (Be Specific) _____

Address: _____

Phone No. _____

Your Title/Duties: _____

Dates Worked	Month	Day	Year	Monthly Salary	Number of People Supervised:
FROM:					
TO:					

Employer: _____ Reason for leaving: (Be Specific) _____

Address: _____

Phone No. _____

Your Title/Duties: _____

	Month	Day	Year	Monthly Salary:	Number of People Supervised:
FROM:					
TO:					

Employer: _____ Reason for leaving: (Be Specific) _____

Address: _____

Phone No. _____

Your Title/Duties: _____

I HEREBY CERTIFY that all statements made in connection with this application and attachments are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment, or for dismissal if discovered at a later date. I authorize investigation of all statements contained herein. I further authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.

Signature _____ Date _____

Plumas County Affirmative Action Program

The following questionnaire is intended to gather statistics for Plumas County's Affirmative Action Program. This information is solicited on a voluntary basis only and has no bearing on your application, eligibility, or selection.

Your Age Group:

_____ Male _____ Female

_____ Under 21 _____ 50 - 59

_____ 22 - 29 _____ 60 - 69

_____ 30 - 39 _____ 70 or over

_____ 40 - 49

Proof of age may be required if under 21 years of age

Choose the Ethnic Group With Which You Most Closely Identify:

_____ White _____ Black

_____ Hispanic _____ Filipino

_____ American Indian or Alaskan Native _____ Other

_____ Asian or Pacific Islander

Physical Data: Do you have any disabilities which should be considered in assigning you to the work for which you are applying? Yes _____ No _____ If "yes", give details below?

Do you have a major disability which may impede your obtaining employment?

_____ None _____ Physical Impairment

_____ Hearing Impairment _____ Developmental Disabilities

_____ Sight Impairment _____ Other _____ (Specify)

_____ Speech Impairment