



Alpine County Application For Employment

Return Application To:

Administration Office
PO Box 387, Markleeville, CA 96120
(530) 694-2287

Alpine County is an equal opportunity employer, observing Federal, State, and Local Laws by not considering applicants on the basis of non-job related factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual identity, expression, or preference. Disabled applicants may request reasonable accommodations in testing arrangements by contacting the Personnel Department prior to the filing deadline.

The application must be completed in sufficient detail to allow comprehensive review and evaluation. Failure to complete the application in sufficient detail may disqualify the applicant from further review. Additional supporting information, cover letters, references or resumes may be attached but not in place of a completed application. All statements will be subject to verification.

PLEASE PRINT

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Mailing Address, Number Street	City	State	Zip Code
Telephone Number(s)	Email Address:		

Are you under 18 years of age? Yes No

If yes, can you provide a work permit? Yes No

Have you previously been employed by the County of Alpine? Yes No

If yes, please give dates of employment and position: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

If hired, can you present evidence of US Citizenship or proof of your legal right to work in the US?

Proof of citizenship or immigration status will be required upon employment

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Weekends Temporary

Do you possess a valid driver's license. Yes No

Have you ever been discharged or requested to resign from a position? Yes No

If Yes, please explain circumstances and list dates. _____

Are you physically able to perform the essential requirements of the job for which you are applying, with or without reasonable accommodations? Yes No

(An interactive process after offer of employment is used to determine any reasonable accommodation needed.)

Are you requesting a reasonable accommodation per the Americans with disability/CA Fair Employee & Housing Acts? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School Graduate..... Yes No

High School Equivalency or GED..... Yes No

School Name and Location	High School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study.												
Describe any specialized training, apprenticeship, skills and honors.												
Describe any Volunteer Activities.												
State any additional information that you feel may be helpful to us in considering your application.												

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak:			
Read:			
Write:			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, religion, national origin, age, ancestry or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. **Do not attach resume in lieu of completing this section.**

1.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)				
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)				
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)				
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)				
	Job Title	Supervisor			
Reason for Leaving					

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein, as well as all attached documents are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

I understand that false or misleading information given in this application, supporting materials, or interview(s) may disqualify me from further consideration and if employed may result in discharge or other disciplinary measures.

I understand, also, that I am required to abide by all rules and regulations of Alpine County. This application must be completed to qualify for consideration.

All applications who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process. Alpine County reserves the right to determine the number of best qualified applicants that may continue in the process. The process may include, but is not limited to, one or more of the following: application review, competitive screening, written examination, performance examination and/ or oral examination as well as the probationary period.

By signing below, I hereby authorize the County of Alpine to inquire, verify and obtain information and documentation related to my employment history and educational institutions, for the purpose of establishing my qualifications and professional work habits as it pertains to my application for employment.

Furthermore, I authorize any institution or individual to release and disclose any employment related information and documentation to the County of Alpine for the purpose of establishing my qualifications and professional work habits. Such employment related information may include but it is not limited to employment dates, job duties, rehire eligibility, salary and opinions regarding work performance.

I acknowledge my employment is contingent on the disclosed employment information and hereby release and hold harmless, the County of Alpine and any individual or institution who disclosed employment related information from any liability or damage that may result from furnishing such requested information.

Signature of Applicant

Date