Alpine County Application For Employment

Return Application To:

Administration Office
P.O. Box 387
Markleeville, CA 96120
(530) 694-2287

Alpine County will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran Status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Providing the information requested on this application is voluntary, however, omission of any item may result in your qualifications not receiving full consideration.

(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)	Social Security Number (voluntary)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ❑ Yes ❑ No

Have you ever been employed with us before? ❑ Yes ❑ No

If yes, give date: _____

Are you currently employed? ❑ Yes ❑ No

May we contact your present employer? ❑ Yes ❑ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ❑ Yes ❑ No

Proof of citizenship or immigration status will be required upon employment

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 had any job-related training in the United States military? ❑ Yes ❑ No

If Yes, please describe. _____

_____

Are you physically or otherwise able to perform the duties of the job for which you are applying? ❑ Yes ❑ No

_____

_____

Have you ever been discharged, rejected during probation, or resigned under pressure? ❑ Yes ❑ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School Graduate _____ ❑ Yes ❑ No

High School Equivalency or GED _____ ❑ Yes ❑ No

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	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)		Hourly Rate /Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)		Hourly Rate /Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)		Hourly Rate /Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Duties / Tasks Performed
			From	To	
	Address				
	Telephone Numbers(s)		Hourly Rate /Salary		
			Starting	Final	
	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 under penalty of perjury under the laws of the State of California that answers given herein 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 and authorize access to all criminal, driving and medical records necessary for such investigation.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that specified employment relationships with this county are of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in elimination from the examination process or forfeiture of all employment rights. I understand, also, that I am required to abide by all rules and regulations of the employer, that a memorandum of understanding has been entered into between Alpine County employees and Alpine County which is the contract which defines the terms and conditions of employment, and that employment appointment will be conditional upon a satisfactory pre-employment medical evaluation.

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ❑ Yes ❑ No

Remarks _____

_____

Employed ❑ Yes ❑ No Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____ _____

Name and Title Date

NOTES _____

_____

_____

_____

_____