



Employment Application

Sutter County Human Resources Department

1160 Civic Center Boulevard, Suite B
Yuba City, CA 95993

Office Phone Number: (530) 822-7113 FAX Number: (530) 822-7191
Web Site: www.suttercounty.org E-mail: hr@co.sutter.ca.us

An Equal Opportunity Employer

Type or print legibly using black ink. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Job Title _____

Last Name _____

First Name _____

Middle Initial _____

Street and/or Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email Address _____

Social Security Number (Optional) _____

- I am interested in: Full Time Part Time Temporary
- I am 18 - 20 years of age I am 21 years of age or over
- If the position requires a valid driver's license, please complete the following information:
State _____ Number _____ Class _____ Expiration Date _____
- LICENSE OR CERTIFICATE.** If you possess a license or certificate which is a requirement for the position, please provide the following information:
Issuing Agency _____ Title _____
Number _____ Expiration Date _____
- FOR BILINGUAL POSITIONS ONLY.** What language(s), other than English, do you speak and/or write?
Speak _____ Write _____
- Have you ever been convicted of a crime? (Under California law, you may exclude convictions for marijuana-related offenses more than two years' old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed AND the case was dismissed.) Yes No
If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

- Have you ever been discharged or forced to resign from any job? Yes No
If "YES", please explain. _____
- Are you currently or have you ever worked for Sutter County? Yes No
If "YES", please indicate position title and department. _____
If you previously worked for Sutter County under another name, please indicate: _____
- Are you related by blood or marriage to any person(s) presently employed by the County? Yes No
(County rules prohibit certain employment of relatives.)
- Some County positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work: _____

FOR HUMAN RESOURCES USE ONLY

Meets MQs: Yes No Initials _____ Date _____

Comments: _____

EDUCATION

College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date

EXPERIENCE

DO NOT INDICATE "SEE RESUME." Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent work and any relevant volunteer experience and list all experience for at least the last ten years including complete dates and number of hours worked per week. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED.**

Employment Dates and Salaries	Occupation and Description of Duties	Employer Information
A. Month/Day/Year From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: _____ Your Duties: _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____ _____
B. Month/Day/Year From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: _____ Your Duties: _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____ _____
C. Month/Day/Year From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: _____ Your Duties: _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____ _____
D. Month/Day/Year From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: _____ Your Duties: _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____ _____
E. Month/Day/Year From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____ No. of People Supervised: ____ Hours per Week: _____	Your Title: _____ Your Duties: _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____ _____

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I ALSO GRANT PERMISSION FOR THE COUNTY TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. (YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS.) I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE SUTTER COUNTY HUMAN RESOURCES DEPARTMENT NO LATER THAN 5:00 P.M. ON THE FINAL FILING DATE. POSTMARKS WILL NOT BE ACCEPTED. I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH SUTTER COUNTY I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS TEST, PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEW(S). IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TEST, I WILL SO INFORM SUTTER COUNTY PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUESTED ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. SUTTER COUNTY RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH SUTTER COUNTY IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PREPLACEMENT MEDICAL REVIEW/EXAMINATION WHICH WILL INCLUDE DRUG TESTING AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA). A BACKGROUND INVESTIGATION, INCLUDING FINGERPRINTING, WILL BE REQUIRED FOR SOME POSITIONS. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH SUTTER COUNTY DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE HUMAN RESOURCES DEPARTMENT COMPLETE A PAYROLL HUMAN RESOURCES FORM (PPF) APPOINTING ME TO A POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY THE COUNTY.

SIGNATURE: _____

DATE: _____

Completion of this form is strictly voluntary. This form will be detached and kept separate and confidential from the application. Information provided on this form will not be considered in any employment decision.

Position Applied for:	Date:
Age Group: <input type="checkbox"/> 21 or under <input type="checkbox"/> 22 to 39 <input type="checkbox"/> 40 to 70 <input type="checkbox"/> 71 or older	Social Security Number:
Please indicate how you became aware of this job opportunity. (Check one or more)	
<input type="checkbox"/> (A) Sutter County Interest Card System (received notification by mail)	<input type="checkbox"/> (J) Appeal Democrat
<input type="checkbox"/> (B) Sutter County's Web Site	<input type="checkbox"/> (K) Beale High Flyer
<input type="checkbox"/> (C) Any Job Line (please specify) _____	<input type="checkbox"/> (L) Chico Enterprise Record
<input type="checkbox"/> (D) Bulletin Board (where) _____	<input type="checkbox"/> (M) Jobs Available Publication
<input type="checkbox"/> (E) Listing at Sutter County Human Resources Department	<input type="checkbox"/> (N) Reno Gazette Journal
<input type="checkbox"/> (F) Sutter County Employee, Friend or Relative	<input type="checkbox"/> (O) Sacramento Bee
<input type="checkbox"/> (G) Internet (web site address/name) _____	<input type="checkbox"/> (P) The Union (Grass Valley)
<input type="checkbox"/> (H) CSAC Web Site	<input type="checkbox"/> (Q) Other (please specify) _____
<input type="checkbox"/> (I) Employment Development Department	

Completion of this section is optional. State law prohibits the use of this information for other than statistical purposes.

MALE FEMALE

Race/Ethnic Identification

- WHITE, not of Hispanic Origin:** A person having origins in any of the original people of Europe, North Africa or the Middle East
- BLACK, not of Hispanic Origin:** A person having origins in any of the black racial groups of Africa
- HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture of origin, regardless of race
- ASIAN OR PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa
- AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
- OTHER:** Please specify: _____

Effective September 1, 2009 and pursuant to Board of Supervisors' Resolution 09-060, preference points will be awarded, per specified criteria, to veterans and their surviving spouses in the recruitment process for new hires.

To claim Veterans' Preference, you **must** select one of the options below and submit the required documentation by the final filing date of the recruitment. Please clearly indicate your name and the recruitment title on each document. For additional information refer to the Sutter County Personnel Rules and Regulations Section 26.0 Veterans' Preference Policy.

- None – I am not an eligible veteran.
- I am a **veteran** requesting 5 points and I understand that I must submit a copy of my DD214 by the final filing date of the recruitment.
- I am a **surviving spouse of a veteran** requesting 5 points and understand that I must submit a copy of the DD1300 or equivalent by the final filing date of the recruitment.
- I am a **disabled veteran** requesting 10 points and I understand that I must submit a copy of my DD214 and evidence of disability (i.e. V.A. letter indicating at least a 10% percentage disability) by the final filing date of the recruitment.
- I am a **veteran in the process of separation from military service**.
Veterans who are within 90 days of separation from military service may file a written statement showing the anticipated date of discharge and certifying that the discharge is for honorable reasons. Such statement must be filed no later than the final filing date for the recruitment. A veteran in the process of being discharged shall be entitled to Veteran's Preference pursuant to this rule only if a certified copy of the DD214 Form is filed with the Human Resources Department prior to the date of the certification list to a department for appointment. Until such proof is filed, the Veterans Preference Points will not be applied.