

19. **Experience:** Begin with your **MOST RECENT** experience, including military service and volunteer service. Give details on the experiences that you believe meets the minimum requirements for this position. List all experience in the last ten (10) years. Show actual time (number of hours per week) spent in each experience. **DO NOT** use "SEE RESUME" or similar expressions for any of the requested information on this form. Resumes may be attached and are encouraged for positions that do not require them. A resume **WILL NOT** be accepted in lieu of completing the County of Calaveras Application.

The following section must be completed even if attaching a resume.

Period of Employment	May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From _____ To _____ ____ / ____ / ____ . ____ / ____ / ____ . Total ____ yr(s) ____ Mo(s). Hours per week _____ Salary \$ _____ per _____.	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Reason for Leaving: _____ _____
Your Job Title:	
Your Duties:	
B. From _____ To _____ ____ / ____ / ____ . ____ / ____ / ____ . Total ____ yr(s) ____ Mo(s). Hours per week _____ Salary \$ _____ per _____.	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Job Title: _____ Reason for Leaving: _____ _____
Your Job Title:	
Your Duties:	

Period of Employment	
C. From _____ To _____ ____ / ____ / ____ . ____ / ____ / ____ . Total _____ yr(s) _____ Mo(s). Hours per week _____ Salary \$ _____ per _____.	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Job Title: _____ Reason for Leaving: _____

Your Job Title: _____

Your Duties:

D. From _____ To _____ ____ / ____ / ____ . ____ / ____ / ____ . Total _____ yr(s) _____ Mo(s). Hours per week _____ Salary \$ _____ per _____.	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Job Title: _____ Reason for Leaving: _____
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Your Job Title: _____

Your Duties:

20. **References:** List three (3) people who are not related to you and who can provide a reference. Professional references preferred.

Name	Phone No.	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. **Certificate of Application** (Read carefully before signing.)
 I HEREBY CERTIFY that under penalty of perjury 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 with the County of Calaveras, 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. I further agree to be fingerprinted, to submit to a medical examination by a County physician if required for the position for which I am applying, and to an investigation of matters contained in this application.

Signature: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Calaveras County is asking all applicants to voluntarily complete this form in order to comply with federal Equal Employment Opportunity law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program. This information is solicited on a **voluntary** basis and will **NOT** be used to make any decision about your eligibility, selection, or employment. This information will be detached from the application and will only be available to authorized personnel, and only for research and statistical purposes. It will **NOT** have any effect upon your application.

ETHNIC ORIGIN:

The following ethnic categories have been identified by the Equal Employment Opportunity Commission (EEOC). Please check **one space only** for the ethnic category you most closely identify with.

- White (not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (W).
- Black (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa (B).
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (H).
- Asian or Pacific Islander** – All persons 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, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition; including American Indians, Aleuts, and Eskimos (I).

GENDER:

- Female Male

AGE:

- Under 18 18-20 21-29 30-39
 40-49 50-59 60 or Over

DISABILITY:

- None Hearing Speech Developmental
 Visual Physical

RECRUITMENT RESEARCH

SOURCE: How did you learn about this recruitment (check only **one**):

- | | | |
|---|--|--|
| <input type="checkbox"/> Calaveras Enterprise | <input type="checkbox"/> Union Democrat | <input type="checkbox"/> Amador Ledger-Dispatch |
| <input type="checkbox"/> Stockton Record | <input type="checkbox"/> Modesto Bee | <input type="checkbox"/> Sacramento Bee |
| <input type="checkbox"/> Other Newspaper _____ | | <input type="checkbox"/> 24-Hour County Job Line |
| <input type="checkbox"/> County Website | <input type="checkbox"/> County Employee | <input type="checkbox"/> Friend/Family (who is not Co. Employee) |
| <input type="checkbox"/> Internet (specify) _____ | | <input type="checkbox"/> Trade Journal |

EDUCATION: Please indicate the highest grade in school that you have completed (check only **one**).

- | | | |
|---|---|--|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> 1-2 Years of College | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> HS Equiv./GED | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> 2-3 Years of College | <input type="checkbox"/> Doctoral Degree |

Date: _____ Name: _____

Title of position you are applying for: _____