MARIPOSA COUNTY RESOLUTION NO. 86-100
COUNTY PERSONNEL APPLICATION FORM

BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document, and Chairman, BEVERLY BARRICK, is hereby authorized to sign same: County Personnel Application Form, with said form to be an exhibit to the Personnel Policies and procedures Handbook.

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 25th day March, 1986, by the following vote:

AYES: BARRICK, DALTON, ERICKSON, RADANOVICH, TABER
NOES: NONE
ABSENT: NONE
ABSTAINED: NONE

BEVERLY BARRICK, Chairman
Mariposa County Board of Supervisors

ATTEST:

GERALD MC CARTHY, County Clerk and
Ex Officio Clerk of the Board

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

JEFFREY J. GREEN, County Counsel
APPLICATION FOR EMPLOYMENT

PLEASE: Print plainly, or type

Mail or Deliver completed
Application to:
County of Mariposa
Courthouse - 5088 Bullion St.
P.O. Box 784
Mariposa, CA. 95338

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin.
Public Law 90-202 prohibits discrimination because of age.

DIRECTIONS: Please complete all questions fully with the exception of Question No. 22 which is to be completed only by those applicants applying for officer positions within the Sheriff's Department.

PERSONAL INFORMATION:

Name: ____________________________ Last ___________ First ___________ M.I. ___________ Soc. Sec. No. ________ Date: ________

Current Address: ____________________________ Telephone: (__________) ________

City: ____________________________ State: ________ Zip: ________

Mailing Address, if different from above: ____________________________

Job Applied For:

1. How many years have you lived at your current address: ________ Years

2. Previous address: ____________________________

3. How many years did you live at that address? ________ Years

4. Do you have any physical condition which may limit your ability to perform the job applied for? Yes ________ No ________

If Yes, explain your work limitations: ____________________________

5. Have you had a serious illness in the past five years? Yes ________ No ________ If Yes, please describe: ____________________________

NOTICE: Offer of employment may be contingent upon applicant passing a physical examination.

6. Please provide the name of a person to be notified in case of an accident or emergency in the space below:

Name: ____________________________ Address: ____________________________

City: ____________________________ Telephone: (__________) ________

7. Are you over 21 years of age? Yes ________ No ________ If No, employment is subject to verification that you are of minimum legal age.

8. Do you possess a valid California Driver's License? Yes ________ No ________

License No. ____________________________ Expiration Date: ________ Proof of a valid California Driver's License may be necessary if employed in positions requiring a California Driver's License.

9. If you are not a citizen of the United States, do you have the legal right to remain permanently in the United States? Yes ________ No ________

If Yes, do you intend to remain permanently in the United States? Yes ________ No ________ If hired, an applicant may be required to submit proof of Citizenship.

10. Have you ever been bonded? Yes ________ No ________ If Yes, for what job(s)? ____________________________

11. Have you ever been convicted of any crime? Yes ________ No ________

If Yes, When: ___________ Where: ___________

Disposition of case: ____________________________

12. Were you ever previously employed by Mariposa County? Yes ________ No ________ If Yes, give year(s) and position(s) held: ____________________________

13. Please list the names of all relatives working for Mariposa County and the Department where they work: ____________________________

14. How did you become aware of this job opening? Newspaper Ad ________ Friend ________ Other: ________

15. If applicable, are there any hours, shifts, or days you cannot or will not work? Yes ________ No ________

If Yes, please explain: ____________________________

16. Please indicate which type(s) of employment you will accept: Full Time ________ Extra Help ________

If hired, on what date will you be available to start work? ____________________________

17. Have you ever been discharged, rejected during probation, or had to resign under pressure or unfavorable circumstances from any employment? Yes ________ No ________ If Yes, explain fully: ____________________________

19. PERSONAL REFERENCES: (Excluding former employers and/or relatives) Please give the names and addresses of three people.

Name/Occupation ____________________________ Address ____________________________ Phone No. ____________________________

1. ____________________________

2. ____________________________

3. ____________________________