

INSTRUCTIONS: All applications must be typed or printed legibly in ink. Incomplete or illegible applications will not be considered. All documents submitted become the property of Mariposa County and will not be returned. Make copies of any information you submit and wish to keep. Applications received after the announced final filing date will be rejected.



APPLICATION TO:

Human Resources
 P.O. Box 1917
 4988 11th Street, Suite B
 Mariposa, CA 95338
 Ph: (209) 742-1379 Fax: (209) 742-1378

POSTMARKS ARE NOT ACCEPTED

1. **POSITION APPLIED FOR** (Give exact title as listed on the job bulletin)

2. E-mail Address: _____
3. Name: _____
 (Last) (First) (Middle)
4. Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)
5. Telephone Numbers: _____
 (Include Area Code) (Home) (Business/Message) (Cell)
6. Indicate all types of employment that you are willing to accept: Full-Time Permanent Part-Time Extra Help (no benefits)
7. Are you a CalPERS retiree? Yes No
8. Do you possess a valid driver's license? Yes No State Issued: _____ License #: _____ Class: A B C
9. Are you now or have you ever been employed by Mariposa County? Yes No If yes, attach a separate sheet indicating dates of employment, classification, departments, and any former name(s) under which you have worked.
10. Do you have any relatives working for Mariposa County? Yes No If yes, please list their name(s) and relationship(s):

11. Were you ever discharged, rejected during probation, or have you resigned under threat of discharge or unfavorable circumstances from any employment?
 Yes No If yes, please give details: _____

This application is part of the examination process and the following sections must demonstrate that you meet the minimum qualifications for the position as stated in the job bulletin. You may NOT substitute a resume in lieu of completion of this application. Applicants may be required to furnish transcript or diploma to substantiate education

12. EDUCATION AND TRAINING

Name and Address of High School: _____ Did you graduate? Yes No

If not, do you have a state-issued equivalent: Yes No Issued by:

College or University/Location (Include Graduate Study)	Major Subject	Minor Subject	Units Completed		Degree(s) Received
			Semester	Quarter	

LICENSES AND CERTIFICATES (State, Professional, Nursing, Trade, etc., that are required for this position)		
Description and License/Certificate Number	Issued By	Expiration Date

13. If applicable to the position applied for, complete the following: I have word processing and/or computer experience with the following software programs:

 I am proficient in the use of the following office equipment: _____
 I certify that I can type at a speed of _____ wpm. I certify that I can take shorthand or fast notes at a rate of _____ wpm.

14. **EMPLOYMENT HISTORY** (Resumes will **NOT** be accepted in place of this completed application)

- List your most recent experience first.
- List all experience, paid or volunteer, related to position applied for
- Use separate blocks for different positions with the same employer.
- Explain any gaps between employment periods.
- Additional sheets may be attached when necessary, but you must provide information in identical format.

Period of Employment From: ____/____/____ To: ____/____/____ Total ____ Yrs. ____ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: _____	Job Title and Most Important Duties Performed Title: _____ No. Supervised: ____ Duties: _____	Name and Address of Employer Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment From: ____/____/____ To: ____/____/____ Total ____ Yrs. ____ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: _____	Job Title and Most Important Duties Performed Title: _____ No. Supervised: ____ Duties: _____	Name and Address of Employer Immediate Supervisor: Telephone: Reason for Leaving:
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Additional employment history is attached.

15. May we contact the above employers: Yes No If no, indicate the one(s) you do not wish us to contact: _____

16. List two **personal** references:

Name/Occupation	City/State	Telephone Number
_____	_____	_____
_____	_____	_____

17. **PRIVACY STATEMENT AND CERTIFICATE OF APPLICANT (SIGNATURE REQUIRED BELOW)** (Please read carefully before signing.)

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the examination process or may result in my termination from employment. I understand that my employment is contingent upon verification of my U.S. citizenship or legal right to remain permanently in the United States. I further understand that my employment may be contingent on passing a physical examination and providing proof of legal minimum age that may be required by certain positions

SIGNATURE: _____ **DATE:** _____

Note for applicants with disabilities. If you require testing accommodations, please contact the Personnel Office at the time you submit this application. Reasonable adjustments to testing facilities will be made to accommodate you.

PLEASE INDICATE BELOW HOW YOU BECAME AWARE OF THIS JOB OPPORTUNITY

____ Newspaper Ad (specify) _____	____ Other County Employee _____
____ Other Publication (specify) _____	____ Friend/Relative _____
____ Bulletin Board (where?) _____	____ Internet (specify Web site) _____

MARIPOSA COUNTY EEO/AA QUESTIONNAIRE

The information on this questionnaire is voluntary but requested in accordance with Federal, State and County requirements. It is handled separately on a confidential basis for statistical purposes and not retained with your application. It will not be used to discriminate against or give preference to any individual in any personnel transaction.

ETHNIC CATEGORY

1. White (Includes Indo-European, Pakistani, East Indian)
2. Black (Includes African, Jamaican, Trinidadian, and West Indian)
3. Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
4. Asian/Pacific Islander (Includes Japanese, Chinese or Korean)
5. American Indian (Includes persons who identify themselves or are known as such by virtue of tribal association)
6. Other: _____

SEX: Male Female

AGE GROUP: Under 18
 Under 21
 21 to 39
 40 to 65
 66 or older

DO YOU HAVE A DISABILITY THAT WOULD REQUIRE REASONABLE ACCOMMODATION?

Yes No

If yes, what accommodation would you need?
