

760-878-0377- Office 760-878-0465- Fax	 <h2 style="margin: 0;">COUNTY OF INYO</h2> <h3 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h3>	RETURN TO: Inyo County Personnel 224 N. Edwards St. P. O. Box 249 Independence, CA 93526
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NAME: (LAST, FIRST, MIDDLE INITIAL)	POSITION APPLIED FOR (please submit one application per position):
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MAILING ADDRESS (Street, City & Zip):	DATE:
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DO YOU HAVE A DRIVER'S LICENSE NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT KIND: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	TELEPHONE:
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Have you previously been employed by Inyo County? Yes No Are you a CalPers Retiree? Yes No

List any family members employed by Inyo County: _____

Were you in the U.S. Armed Forces? Yes No If requesting veteran's preference, you must attach a copy of your DD214 prior to the final filing date.

BRANCH _____ from _____ to _____

COMPLETE ONLY IF THE POSITION YOU ARE APPLYING FOR STATES AN AGE REQUIREMENT: Birthdate : MO. _____ DAY _____ YEAR _____

Do you need reasonable accommodation to take an interview or written test? Yes No

Were you ever discharged, released during probation, or have you resigned under pressure or unfavorable circumstances from any employment? Yes No If yes, explain:

EDUCATION:
Highest grade completed:

HIGH SCHOOL	COURSE	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No GED
JUNIOR COLLEGE/COLLEGE	MAJOR UNITS	DATE GRAD. DEGREE
UNIVERSITY/GRADUATE SCHOOL	MAJOR UNITS	DATE GRAD. DEGREE

PROFESSIONAL LICENSES OR REGISTRATIONS HELD:

COMPUTER KNOWLEDGE:

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH ONE?
WILL YOU ACCEPT TEMPORARY WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WILL YOU ACCEPT PART-TIME WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No

LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE ACQUIRED, DATES AND WHETHER COMPLETED SUCCESSFULLY.

LIST ANY VOLUNTEER SERVICE THAT MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (LIST IN DETAIL - USE ADDITIONAL PAGES IF NECESSARY).

CERTIFICATE OF APPLICANT (*Read carefully before signing-Application must be signed in order to be eligible*)

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of the County of Inyo. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize disclosure of any and all information related to my work records, without giving me prior notice of such disclosure. In addition I hereby release Inyo County, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure. I further agree to be fingerprinted, to submit to a complete medical examination by a County physician, upon employment, to furnish such proof of age and citizenship as may be directed.

Signature _____

DO NOT WRITE IN THIS BLOCK - COMPLETE EMPLOYMENT RECORD ON REVERSE

Written:	Interview Date:	Interview Time:
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EMPLOYMENT RECORD: Beginning with your present or most recent job, show a complete record of your employment. Describe in detail any aspects of your experience or activities that are particularly appropriate for the position for which you are applying. **It is not acceptable to complete the application with statements like "See/Refer to resume" or "See attached".**

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>

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THIS PORTION OF THE APPLICATION IS NOT AVAILABLE TO AN INTERVIEW BOARD

AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER - Please help us comply with the state and Federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Governments. This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision. The County of Inyo is an Affirmative Action Employer.

NAME OF APPLICANT _____

DATE _____

TITLE OF POSITION APPLIED FOR _____

Date of Birth _____/_____/_____

Drivers License: State _____ Number _____

Social Security Number: _____

Email Address: _____

Please answer below based upon how you are known in your community. We understand that it may be difficult to choose single ethnic identity if you have a multicultural heritage. Nevertheless to comply with legal guidelines, we would like you to choose only one.

Check Appropriate Box: Male Female Non-Binary

8 WHITE (not of Hispanic Origin): All persons not classified into one of five specific ethnic minority categories that follow.

2 BLACK (not of Hispanic origin): All persons having origin in any of the black racial groups.

7 HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

1 ASIAN or Pacific Islanders other than Filipinos
All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. For example, includes China, Japan, Korea, Samoa, the Indian Subcontinent and the Middle East.

3 FILIPINO All persons having origins in the peoples of the Philippine Islands.

5 AMERICAN INDIAN or Alaskan Native. All persons having origins in any of the original peoples of North America.