760-878-0377- Office 760-878-0465- Fax



COUNTY OF INYO

APPLICATION FOR EMPLOYMENT

RETURN TO: Inyo County Personnel 224 N. Edwards St. P. O. Box 249

	APPL	LICATION	-OR EMPLO	YWENI	Independence, CA 93526		
NAME: (LAST, FIRST, MIDDLE INITIAL) POSITION APPLIED FOR (please submit one application per position):							
MAILING ADDRESS (Street, City & Zip):					DATE:		
DO YOU HAVE A DRIVER'S LICENSE NO IF YES, WHAT KIND: Class A C	PHONE:		EMAIL:				
Have you previously been employed by Inyo County? 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?							
EDUCATION: Highest grade completed: HIGH SCHOOL	COURSE				GRADUATED Yes 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?							
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 Signature							
DO NOT WRITE IN THIS BLOCK - COMPLETE EMPLOYMENT RECORD ON REVERSE							
Written:		Interview Da	ate:		Interview Time:		

ALL INFORMATION CONTAINED ON OR ATTACHED TO THE EMPLOYMENT APPLICATION IS CONSIDERED CONFIDENTIAL INFORMATION AND IS NOT SUBJECT TO PUBLIC DISCLOSURE WITHOUT THE CANDIDATE'S EXPRESSED PERMISSION.

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. You may not submit resume in lieu of completing the Employment Record form. We will evaluate your qualifications based solely on the information entered into the Employment Record form. 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 FULL-TIME
FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADD	REASON FOR LEAVING		
DESCRIPTION OF DUTIES:			
	-		
YOUR SUPERVISOR'S NAME			PART-TIME FULL-TIME
FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADD	DRESS		REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			PART-TIME FULL-TIME
FROM (Mo -Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			.1
YOUR SUPERVISOR'S NAME			PART-TIME □ FULL-TIME □

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

AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLo complete this section, you should know that if you leave it bl equal employment opportunity requirements, periodically we This information will be kept separate and confidential and Employer.	ank we have the right to enter data for the must report statistical information about	his purpose based upon our at applicants and employees	visual assessment. To demonstrate that we meet to the California and United States Governments.
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 you	ır community.		
Check Appropriate Box:	Non-Binary		
□ WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	BLACK or AFRICAN AMERICAN HISPANIC or LATINO): A person origins in any of the black racial g of Africa.	having —	HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
ASIAN (Non Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Non Hispa Latino): A person having origins of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	anic or in any	AMERICAN INDIAN or ALASKAN NATIVE (Non Hispanic or Latino): All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. TWO or MORE RACES (Non Hispanic or Latino): Persons who identify with two or more racial categories named above.