Employment Application

County of Mono
P.O. Box 696
Bridgeport, CA 93517

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. An incomplete application will not be considered.

(PLEASE PRINT)

Position(s) Applied For				Date of Application			
How Did You Learn About Us? ☐ Advertisement	☐ Friend ☐ Employment Agency ☐ Relative	☐ Walk-In ☐ Other					
Last Name		**First Name**		**Middle Name**			
Physical Address		**City**		**State**		**Zip Code**	
Mailing Address		**City**		**State**		**Zip Code**	
Telephone	Daytime	Evening	Cell Phone	**Email Address:**			
Driver's License Number:	**Class:**	**State:**					

Are you under 18 years of age? ☐ Yes ☐ No
If so, can you provide a work permit?

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give date

Have you ever been employed with us before? ☐ Yes ☐ No
If Yes, give date

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Convictions will not necessarily disqualify an applicant from employment.
If yes, explain on separate sheet.

Are you physically or otherwise **unable** to perform the duties of the job for which you are applying? ☐ Yes ☐ No

If **yes**, are you requesting a reasonable accommodation per the Americans with Disability Act? ☐ Yes ☐ No

MONO COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name, city, state																	
Circle Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Last Year/s Date Attended																	
Diploma/Degree						GED ☐		Diploma ☐									
Major																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have receive																	
State any additional information you feel may be helpful to us in considering you as a contractor/consultant																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If Yes, please describe _____

CERTIFICATIONS additional training (attach copies):

Name of License & Number:	Issuing Agency:	State:	Date Exp:
Name of License & Number:	Issuing Agency:	State:	Date Exp:
Name of License & Number:	Issuing Agency:	State:	Date Exp:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Include all employment for a minimum of 7 years.

Employer		Dates Employed or Retained		Work Performed
		From	To	
Mailing Address, City, State, Zip				
Telephone number:				
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		Starting	Final	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving				

Employer		Dates Employed or Retained		Work Performed
		From	To	
Mailing Address, City, State, Zip				
Telephone number:				
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		Starting	Final	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving				

Employer		Dates Employed or Retained		Work Performed
		From	To	
Mailing Address, City, State, Zip				
Telephone number:				
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		Starting	Final	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving				

Employer		Dates Employed or Retained		Work Performed
		From	To	
Mailing Address, City, State, Zip				
Telephone number:				
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		Starting	Final	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving				

If you need additional space, please make additional copies of this page.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein, as well as all attached documents are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days, and that if I wish to be considered for employment beyond that time period, I should inquire as to whether or not applications are being accepted at a later time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

In the event of employment, I understand that false or misleading information given in may application or interview(s) may result in discharge or other disciplinary measures. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application must be completed to qualify for consideration.

Attachments will be accepted with, but not in place of, a completed application.

I understand that Mono County will accept faxed or emailed applications only to the fax number or email address shown on the first page of this application. However, in order for the application to be considered complete, I must mail a signed original with a postmark no later than the advertised final filing date.

All applications who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process. Mono County reserves the right to determine the number of best qualified applicants that may continue the process. The process may include, but is not limited to, one or more of the following: application review, competitive screening, written examination, performance examination and/or oral examination as well as the probationary period.

Signature of Applicant

Date

NOTES

Employment Application

County of Mono
P.O. Box 696
Bridgeport, CA 93517

Mono County Human Resources
APPLICATION CHECK LIST

- ☐ Did you complete the entire application? Resumes will accepted **only** in addition to a completed application. Job information must be on the application. An incomplete application will not be accepted.
- ☐ Did you indicate for which position you are applying?
- ☐ Did you provide any required explanations for "yes" answers?
- ☐ Did you submit any required additional documents (as requested on the job flyer)?
  - ☐ DMV printout
  - ☐ Supplemental Questionnaire
  - ☐ Photocopies of professional licenses
  - ☐ Equipment experience attachment (Public Works)
  - ☐ Other
- ☐ Did you staple all of your application materials together?
- ☐ Did you sign and date your application?
- ☐ Did you meet the deadline? Faxed and emailed applications will be accepted only if the signed original is postmarked by the final filing date.

For Public Safety Officer and Deputy Sheriff Positions, please mail your application package to
Mono County Sheriff's Department
P.O. Box 616
Bridgeport, CA 93517

For all other postions, please mail your application package to:
Mono County Human Resources
P.O. Box 696
Bridgeport, CA 93517
Fax:(760) 932-5411
Email: hr@mono.ca.gov

All prospective Mono County employees are subject to a physical exam and a background check. Fingerprinting and alcohol/drug testing will be required for certain positions.

Employees in designated positions will be required to file a "Statement of Economic Interests" in compliance with the State of California Conflict of Interest Code and the Mono County Conflict of Interest rules.

Mono County is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

Disabled applicants who require special testing arrangements should contact the Personnel Department prior to the filing deadline.