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

Mono County Human Resources APPLICATION CHECK LIST

 □ 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 meet the deadline? Faxed and emailed applications will be accepted only if the signed original is postmarked by the final filling 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 		Did you complete the entire application? Resumes will accepted <u>only</u> in addition to a <u>completed application</u> . Job information must be on the application. An incomplete <u>application will not be accepted</u> .
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		Did you indicate for which position you are applying?
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 filling date. For Public Safety Officer and Deputy Sheriff Positions, please mail your application package to Mono County Sheriff's Department P.O. Box 616		Did you provide any required explanations for "yes" answers?
 □ 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 		Did you submit any required additional documents (as requested on the job flyer)?
 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 		 Supplemental Questionnaire Photocopies of professional licenses Equipment experience attachment (Public Works)
 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 		Did you staple all of your application materials together?
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		Did you sign and date your application?
package to Mono County Sheriff's Department P.O. Box 616		
	For Pu	package to Mono County Sheriff's Department P.O. Box 616

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.



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.

				(PLEA	4SE	: PRI	NT)						
Position(s) Applied	Position(s) Applied For Date of Application												
How Did You Learn About Friend Walk-In													
Us? ☐ Employment Agency ☐ Other☐ Advertisement ☐ Relative													
Last Name													
Physical Address	Physical Address City State Zip												
Mailing Address													
	Code												
Telephone	Daytime Evening Cell Phone Email Address:												
Driverle Lieuwe Number Class													
Driver's License Number: Class: State:													
Are you under	18 vears	of age	27									☐ Yes	□No
If so, can you				>									
55, 55) 55	p. 0 110.0		. р	•									
Have you ever	filed an a	pplica	ition with	us bet	fore	?						□Yes	□ No
					lf	Yes,	give	date	Э				
īī					^							_ v	— NI
Have you ever	been em	pioyed	d with us	before		V		-l - (.	_			☐ Yes	□ No
If Yes, give date													
Are you currently employed? □ Yes □ No													
Are you currently employed:													
May we contact your present employer? □ Yes □ No													
Are you prevented from lawfully becoming employed in this													
•	use of Visa or Immigration Status?												
Proof of citizenshi						mployr	nent.					□ Yes	□ No
On what date v	vould you	be av	ailable f	or work	< ?								
Are you availat	ole to wor	k:		□ Full	Tim	e [⊒ Pa	rt Ti	ime	□ Sh	ift Wo	rk 🗆 Te	emporary
٨	.1 (1)	· · · ·											— NI
Are you curren	Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No									□ NO			
Can you travel	Can you travel if a job requires it? ☐ Yes ☐ No									□ No			
our you have	a job re	,quii ot	,										
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.													
yes, explain on sepa	ii alt Silttl.											L	
Are you physically or otherwise unable to perform the duties of ☐ Yes ☐ No									□ No				
	the job for which you are applying?												
,	<i>y</i>	1111										l	
If yes , are you	requestin	ıq a re	asonable	e accoi	mm	odati	on pe	r				□Yes	□No
the Americans	-	-			-		, -					_	_

MONO COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

		Elementary School			High School				Undergraduate College/University				Graduate/ Professional					
School Name, city, state																		
Circle Ye	ars Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
	Date Attended									1								
D	iploma/Degree						GE	D	Diplo	ma								
									Ė									
Major																		
Describe any s training, apprer and extra-currie	nticeship, skills cular activities																	
Describe any h receive	onors you have																	
State any addit information you helpful to us in	ı feel may be																	
<u> </u>	la di a a t		£	i	la						ماد س	d	d /	~ " "	:4~			
	Indicate	e a Flue	_	orei	JII IS	ırıgl	uages	s y(ou car Goo		ak, r	eau a	ai iu/(Wr וכ	ite Fa	nir		
Speak	Г	iue	J III						Guc	Ju .					Г	111		
Read						+												
Write																		
status:																		
	ENCES																	
are not pre 1.	, address an vious emplo			hon	e nu	ımb	er of	thr	ee ref	erend	ces v	vho a	are n	ot re	lated	to y	ou ar	nd
2.																		
3.																		
Have you ever had any job-related training in the United States military? Yes No If Yes, please describe																		
CERTIFIC	ATIONS add	diti	iona	al tra	inin	ng (a	attac	h c	opies	s):								
	ense & Numb						Issuing Agency:			State:			Date Exp:					
NI- CIT	0 11								۸							<u> </u>		
Name of Lic	ense & Numb	er:					Issui	ng A	Agency	/ :		S	tate:			Date	Exp:	
Name of Lic	ense & Numb	er:					Issui	ng A	Agency	/ :		S	tate:		I	Date	Ехр:	

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 Employe	ed or Retained	Work Performed
		From	То	
Mailing Address, City	, State, Zip			
3 11 11, 1	,, μ			
-	T			
Telephone number:				
Job Title	Immediate Supervisor	Hourly Ra	ate/Salary	
		Starting	Final	
Immediate	Immediate Supervisor's			
Supervisor's Title	Phone #			
Reason for Leaving				
		_		
				<u> </u>
Empleyer		Dates Employe	nd or Botoined	Work Performed
Employer		From	To	Work Performed
Mailian Address City	Otata 7in	110111	10	
Mailing Address, City	, State, Zip			
Telephone number:				
Job Title	Immediate Supervisor	Hourly Ra	ate/Salary	
	'	Starting	Final	
Immediate	Immediate Supervisor's	Ottaiting	T IIIGI	
Supervisor's Title	Phone #			
Cuporvicor o Titio	1 110110 11			
Reason for Leaving				
Reason for Leaving		_		
Employer		Dates Employe		Work Performed
		From	То	
Mailing Address, City, State, Zip				
			ļ	
Telephone number:		_		
Job Title			-t-/C-l	
Job Tille	Immediate Supervisor	1	ate/Salary	
		Starting	Final	
Immediate	Immediate Supervisor's			
Supervisor's Title	Phone #			
_				
Reason for Leaving				
L		-		1
Employer		T	al au Dataine al	Work Performed
pioyoi		Dates Employe	o or Kersineo	, TOTAL SHOTHING
		Dates Employe		
Mailing Address City	State 7in	From	To	
Mailing Address, City	, State, Zip			
	, State, Zip			
Mailing Address, City Telephone number:	, State, Zip			
	, State, Zip Immediate Supervisor	From		
Telephone number:		From Hourly Ra	То	
Telephone number: Job Title	Immediate Supervisor	From	To ate/Salary	
Telephone number: Job Title Immediate		From Hourly Ra	To ate/Salary	
Telephone number: Job Title	Immediate Supervisor Immediate Supervisor's	From Hourly Ra	To ate/Salary	
Telephone number: Job Title Immediate Supervisor's Title	Immediate Supervisor Immediate Supervisor's	From Hourly Ra	To ate/Salary	
Telephone number: Job Title Immediate	Immediate Supervisor Immediate Supervisor's	From Hourly Ra	To ate/Salary	

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					