



## SIERRA COUNTY EMPLOYMENT APPLICATION

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Sierra County is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, gender identity, race, color, creed, religion, ethnicity, pregnancy, childbirth or related conditions, genetic condition, national origin, citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state, or local laws, regulations, or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on Sierra County. If you are an applicant with a disability, please inform the department in which you are applying if you need assistance completing any forms or to otherwise participate in the application process.

**Instructions:** A separate application must be completed for each Sierra County position for which you are applying. Supplementary information may be required by some departments. You may attach a résumé; however, you must also fully complete the application.

Please mail or e-mail application to the Sierra County Human Resources Department  
PO Box 513, Downieville, CA 95936 (530)289-2879 hr@sierracounty.ca.gov

Department: \_\_\_\_\_

Position: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name				First Name		Middle	
Physical and Mailing Address				City		State	Zip
Home Phone: _____		Cell Phone: _____		Email address: _____			
Are you at least 18 years old? [ ] Yes [ ] No				Are you authorized to work in the United States? [ ] Yes [ ] No			
If you have been known by any other name, please list name(s): _____							
How were you referred to the County? _____							
Have you previously worked for Sierra County? [ ] Yes [ ] No From: _____ To: _____							
If required for employment are you willing to submit to a pre-employment drug screening test and or a background check? [ ] Yes [ ] No							
Have you previously worked for CalPERS or CalSTRS, or other California Government entity? [ ] Yes [ ] No If "Yes" From: _____ To: _____							
During the past, have you ever been discharged, suspended, or asked to resign from any position or have you resigned knowing that you were going to be fired if you did not quit? [ ] Yes [ ] No If "Yes", please explain: _____							
_ Please review the Essential Duties of the position for which you are applying, listed on the Recruitment Announcement. Are you able to perform the essential duties, with or without reasonable accommodation? [ ] Yes [ ] No							

**EDUCATION**

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

**EMPLOYMENT**

Begin with your most recent experience. List all employment for previous 10 years. Give details on the experience that you believe meets the entrance requirements for the position. Also, list any volunteer experience that you believe helps you meet the requirements of the position for which you are applying. Show actual time (number of hours per week) spent in such experience. Attach sheets if additional space is needed.

Employer: _____	Dates Employed: _____ to _____
Work Phone: _____	Hours Per Week: _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer: _____	Dates Employed: _____ to _____
Work Phone: _____	Hours Per Week: _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer: _____	Dates Employed: _____ to _____
Work Phone: _____	Hours Per Week: _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES**

Name	Title	Company	Phone

## Acknowledgement and Authorization

*I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the County.*

*I understand employment with the County is contingent upon my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.*

*For job applicants applying for a management or mid management position If applying for a management or mid-management position, I expressly understand and agree that either the County or I may terminate my employment relationship with the County at any time, with or without cause or notice.*

*I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.*

**MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_