

ALAMEDA COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Human Resource Services Department
1405 Lakeside Drive, Oakland, California 94612-4305
(510) 272-6442 or (510) 272-6443 (Voice); (510) 272-3703 (TDD)

www.acgov.org

OFFICE USE ONLY	
A <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/>	Date _____
Reason _____	
By: _____	

EXACT TITLE OF POSITION YOU ARE APPLYING FOR	SOCIAL SECURITY NUMBER																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>															-			-						
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NAME			
	LAST NAME	FIRST NAME	FULL MIDDLE NAME

PREVIOUS NAMES	LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE WORKED, GONE TO SCHOOL OR SERVED IN THE ARMED SERVICES:
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ADDRESS			
	NUMBER, STREET AND APT.	CITY, STATE AND ZIP CODE	

CONTACT NUMBERS	HOME PHONE ()	WORK PHONE (Only if we may contact you at work) ()
	FAX NUMBER ()	E-MAIL ADDRESS

IF YOU ARE NOW EMPLOYED BY ALAMEDA COUNTY	Regular/Permanent <input type="checkbox"/> Services-as-Needed <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> Emergency <input type="checkbox"/> Unclassified Service <input type="checkbox"/>		
	EXACT JOB TITLE		
	DEPARTMENT NAME	DEPT. IDENTIFICATION NO.	

DRIVER'S LICENSE	CLASS (Circle One): A B C ID CARD	This information must be provided if a driver's license is a minimum requirement for the position you are applying for. Please circle the license class. Non-drivers should provide information from state-issued identification card, if available.
	ISSUING STATE AND NUMBER: _____	
	EXPIRATION DATE: _____	

SKILLS SUMMARY	TYPING SPEED _____ WPM; SHORTHAND SPEED _____ WPM; COMPUTER SKILLS:
	FLUENCY IN LANGUAGE(S) OTHER THAN ENGLISH (Please Name):

U.S. MILITARY VETERANS	U.S. military veterans (including applicants already employed by the County of Alameda) intending to claim preferential consideration pursuant to Civil Service Commission Rule 1460, must present proof of honorable discharge or release (DD Form 214) concurrent with this application but in no event later than the final step in the examination process (usually the oral interview.) Veterans intending to claim additional preferential consideration for a current service-connected disability (disability rating of 10% or higher) must also present documentation of current disability from the Department of Veterans Affairs.	
	DO YOU CLAIM VETERANS PREFERENCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	(OFFICE USE ONLY) VERIFIED BY: _____
	DO YOU CLAIM VETERANS DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL SKILLS AND ABILITIES
Related to or required by the position for which you are applying.

TYPING AND WORD PROCESSING	SHORTHAND AND MACHINE TRANSCRIPTION	FLUENT IN A LANGUAGE OTHER THAN ENGLISH	PC SOFTWARE AND OPERATING SYSTEMS
SPEED: _____ WPM MACHINES <input type="checkbox"/> Personal Computer <input type="checkbox"/> Typewriter SOFTWARE <input type="checkbox"/> Corel WORDPERFECT Version: _____ <input type="checkbox"/> Microsoft WORD Version: _____ <input type="checkbox"/> Other(s): _____ _____ _____	SHORTHAND SPEED: _____ WPM <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> NON-TRADITIONAL _____ MACHINE TRANSCRIPTION SPEED: _____ WPM Expertise (Describe) <input type="checkbox"/> Medical _____ <input type="checkbox"/> Legal _____ <input type="checkbox"/> Scientific/Engineering _____ _____	LANGUAGE #1: _____ <input type="checkbox"/> Fluent Speaker <input type="checkbox"/> Fluent Reader <input type="checkbox"/> Fluent Writer LANGUAGE #2: _____ <input type="checkbox"/> Fluent Speaker <input type="checkbox"/> Fluent Reader <input type="checkbox"/> Fluent Writer OTHER LANGUAGES (Describe) _____ _____ _____	SPREADSHEETS (Describe): _____ GRAPHICS (Describe): _____ DATABASES (Describe): _____ OPERATING SYSTEMS (Describe): _____ _____ _____

BASIC EDUCATION

LAST GRADE COMPLETED _____ NAME AND LOCATION OF SCHOOL _____

DID YOU GRADUATE FROM HIGH SCHOOL? **YES** **NO**

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A GENERAL EDUCATIONAL DEVELOPMENT CERTIFICATE (“GED”) OR A HIGH SCHOOL PROFICIENCY CERTIFICATE? **YES** **NO**

COLLEGE AND/OR UNIVERSITY ATTENDANCE

NAME AND LOCATION	DATES ATTENDED	COURSE OF STUDY/MAJOR	# OF UNITS COMPLETED		TYPE OF DEGREE SOUGHT	DEGREE AWARDED?		DATE DEGREE AWARDED
			SEM	QTR		YES	NO	

JOB-RELATED ACADEMIC, TECHNICAL OR VOCATIONAL TRAINING

NAME AND LOCATION OF INSTITUTION	TITLE OR DESCRIPTION OF COURSE WORK	LENGTH OF COURSE	DATE ATTENDED

PROFESSIONAL CREDENTIALS (LICENSES, CERTIFICATES, REGISTRATIONS)
Related to or required by the position for which you are applying.

NAME OR DESCRIPTION	ISSUING AGENCY OR BOARD	SERIAL #	ISSUE DATE	EXPIRATION DATE

EMPLOYMENT HISTORY – PAID, UNPAID, MILITARY
All sections of this application must be completely filled out, including the information requested below.

Although you may attach a resume to further describe your qualifications, it **does not** substitute for completing the application form. An incomplete application form, as well as partial information, will result in disqualification. List your complete work record, beginning with your current employer or most recent experience. List each promotion separately. Explain gaps between employment periods. Include volunteer work and military service. Describe duties as completely as possible. **If more space is needed, make a photocopy of this page or use separate sheet(s) prepared in the same format (including dates, hours, and**

FROM (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
TO (Mo/Yr)			
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
BASE SALARY/WAGE \$	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ()
REASON FOR LEAVING	DUTIES		
FROM (Mo/Yr)	EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
TO (Mo/Yr)			
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
BASE SALARY/WAGE \$	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ()
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BASE SALARY/WAGE \$	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ()
REASON FOR LEAVING	DUTIES		

Indicate regular hours per week only. Omit overtime hours. Include area code for all telephone numbers.

EMPLOYMENT HISTORY – PAID, UNPAID, MILITARY (Continued)

FROM (Mo/Yr) TO (Mo/Yr)	EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
BASE SALARY/WAGE \$	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ()
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REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
BASE SALARY/WAGE \$	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ()
REASON FOR LEAVING	DUTIES		

Indicate regular hours per week only. Omit overtime hours. Include area code for all telephone numbers.
PLEASE CHECK HERE IF YOU HAVE ATTACHED ADDITIONAL SHEETS.

ADDITIONAL INFORMATION

Have you ever been discharged from a position (or released during probation) or have you ever been forced to resign?
YES **NO** If "Yes," please explain: _____

Inquiries may be made of your former employers or school administrators regarding your duties and performance record. May we contact your **present** employer? (Applies to pre-offer inquiries only.) **YES** **NO**

Are you 21 years of age or older? **YES** **NO**

If you are 17 years of age or younger, please indicate your age: _____

Can you, upon employment, provide proof of identity and proof of eligibility to work in the United States? **YES** **NO**

BACKGROUND ACKNOWLEDGEMENT	<p><i>As part of the employment process, you are required to complete a Conviction History Form (CHF) and submit it when requested by the County of Alameda. The form can be obtained at 1405 Lakeside Drive, Oakland or on the web-site at www.acgov.org/hrs/index.htm. Please do not submit the Conviction History Form with your application unless directed to do so in the job announcement. I understand by initialing below that I consent to the disclosure of such information by submitting the Conviction History Form when requested to do so. I also understand that such disclosure will remain confidential and will not necessarily preclude my employability. (Please check the box and initial on the corresponding line regarding your acknowledgement.)</i></p> <p align="center">YES <input type="checkbox"/> _____ Initial NO <input type="checkbox"/> _____ Initial</p>
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Provide the name of a person (local, if possible) who would know your address at any time:

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NAME	TELEPHONE NUMBER
ADDRESS	CITY/STATE

IMPORTANT: BE SURE TO ASK FOR AND READ THE BROCHURE ENTITLED "The Alameda County Examination and Hiring Process"

APPLICANT CERTIFICATION

I certify that I meet the announced requirements for this examination and understand that I will be eliminated at any stage in such examination if it develops that, in fact, I do not meet them. I further certify that all statements made in this application are true and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the County of Alameda.

X

SIGNATURE

DATE

REASONABLE ACCOMMODATION DURING TEST ADMINISTRATION

If you require accommodation in the examination process because of a temporary or permanent disability which would substantially limit your ability to participate equally with other examinees (for example, hearing/vision/speech impairment; physical limitations; developmental disability), the Human Resource Services Department will make reasonable efforts to accommodate you. In order to do so, however, we must be notified in advance of the examination.

PLEASE CALL (510) 272-6461 OR (510) 272-3703 (TDD) TO DISCUSS YOUR NEEDS.

HOW DID YOU LEARN OF THIS EXAMINATION?

<input type="checkbox"/> Bulletin Boards in Alameda County Offices	<input type="checkbox"/> Radio Announcement	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Alameda County Examination Hotline	<input type="checkbox"/> Television Announcement	

IF ONE OF THE FOLLOWING, PLEASE SPECIFY:

<input type="checkbox"/> Posting in Office Other Than County:
<input type="checkbox"/> Minority Organization or Group:
<input type="checkbox"/> Women's Organization or Group:
<input type="checkbox"/> Newspaper:
<input type="checkbox"/> School/Career Placement Center:
<input type="checkbox"/> Other:

PLEASE DO NOT DETACH THIS PORTION, EVEN IF INCOMPLETE

PLEASE DO NOT DETACH THIS PORTION, EVEN IF INCOMPLETE

The County of Alameda is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO (equal employment opportunity) statistical reporting purposes. The California Government Code permits public employers to solicit such information on a voluntary basis. The additional information that you provide will assist the Human Resource Services Department in evaluating the effectiveness of its recruiting processes. All information you provide will be maintained separately from your employment application and will not be provided to County agencies/departments when you are referred for employment consideration.

EXACT TITLE OF POSITION YOU ARE APPLYING FOR:	DATE:
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU OVER AGE 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH (Month/Day/Year):
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RACIAL OR ETHNIC GROUP (PLEASE CHECK OR COMPLETE ONE BOX ONLY)

<input type="checkbox"/> WHITE (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> HISPANIC OR LATINO : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origin, regardless of race.
<input type="checkbox"/> ASIAN : All persons except Filipinos having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, This area includes, for example, China, India, Japan, Korea, Vietnam, Cambodia, Malaysia and Pakistan.	<input type="checkbox"/> AMERICAN INDIAN AND ALASKAN NATIVE : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	<input type="checkbox"/> NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER : All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> FILIPINO : All persons having origins in the peoples of the Philippine Islands.	<input type="checkbox"/> TWO OR MORE RACES : All persons with two or more of the identified ethnic origins, excluding Hispanic or Latino.	

ARE YOU AN INDIVIDUAL WITH A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A VIETNAM ERA VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Please fill out the application and send it in to:

Deputy Search and Rescue Coordinator

Office of Emergency Services

4985 Broder Blvd., Dublin, CA 94568

You can also fax this application to:

Attn: Deputy Search and Rescue Coordinator

925-803-7878