

APPLICATION FOR EMPLOYMENT

You can now apply online at
www.yourpath2sonomacounty.org

APPLICATION INSTRUCTIONS:

1. This application may be used to apply for **one position only**. Submit a separate application for each position. Type or print clearly in dark blue or black ink.
2. **IMPORTANT:** Most job announcements have supplemental questions at the end of the announcement. You **MUST** complete these supplemental questions and attach your responses to your completed job application by the final filing date listed on the first page of the job announcement. Your application may be rejected if you have not responded to the supplemental questions.
3. **FILL OUT THE APPLICATION COMPLETELY.**
 - **This application is part of the examination process.** Your answers will determine your eligibility to participate in the next phase of the selection process.
 - Clearly describe your qualifications in detail. Credit cannot be given for education, training, experience, knowledge, skills, and abilities that you fail to indicate.
 - Do not leave any answer spaces blank; if a question does not apply, write "N/A".
 - If more space is required, attach a continuation sheet.
 - You may attach a resume to your application; however, you are still required to submit a completed application. Do NOT write "see resume" in your responses.
 - Failure to comply with these instructions may result in disqualification.
 - Read the job bulletin carefully for specific filing instructions, supplemental questions, and final filing dates.
4. All information is subject to verification. Reference checks and a background investigation will be required for successful candidates. (See job bulletin for more information.)
5. If you wish to claim Veterans' Preference, you must submit a copy of your DD214 with your application by the posted final filing date verifying you served a minimum of six months of continuous, active service. Questions as to whether or not your DD214 is on file should be directed to the Human Resources Department.
6. The County of Sonoma's practices and policies regarding employment, promotion, and benefits are applied to all applicants and employees on the basis of their qualifications without regard to race, color, sex, age, religion, national origin, disability, ancestry, marital status, medical condition, and/or sexual orientation.
7. The Human Resources Department will make reasonable efforts in the application and examination process to accommodate disabled applicants. If you have special needs, please check the appropriate box on the next page and call the Human Resources Department regarding possible reasonable accommodation.
8. If you are hired, you will be required to present documentation to verify your identity and your eligibility to work in the United States in accordance with the Immigration Reform and Control Act.
9. Make a copy of your application and supplemental materials prior to submitting them if you would like to retain a copy for your records. All application materials submitted become the sole property of the County of Sonoma and cannot be returned.

The County of Sonoma employs a hate free workforce built on respect, inclusion, and individual dignity.

Opportunity. Diversity. Service.



HUMAN RESOURCES DEPARTMENT

COUNTY OF SONOMA HUMAN RESOURCES DEPARTMENT
575 Administration Drive, Suite 116B, Santa Rosa CA 95403
(707) 565-2331 • FAX (707) 565-3770 • TTY (707) 565-3949



An Equal Opportunity Employer
EQUAL OPPORTUNITY QUESTIONNAIRE

PLEASE WRITE THE EXACT TITLE OF POSITION AS LISTED ON THE JOB BULLETIN:

The County of Sonoma is asking all applicants for examinations to voluntarily complete this form in order to comply with United States government Equal Employment Opportunity requirements. This information will be detached from your application and will be used for statistical purposes only. This information will have no effect upon your application.

Check one only:

- Asian/Pacific Islander
- American Indian/Alaskan Native
- Black/African American
- Hispanic/Latino
- White

Female

Male

40 and Over

18 to 39

Under 18

If under 18, can you supply a work permit?

Yes

No

Special testing arrangements may be made to accommodate applicants with disabilities who meet the criteria as specified by the Fair Employment and Housing Act and the Americans With Disabilities Act. Do you require such special arrangements?

Yes No

If yes, you may be requested to provide additional documentation of the need for test accommodations. Such documentation should be provided by a doctor, rehabilitation counselor, or other qualified professional.

How did you learn about this examination?

Check one only:

- County of Sonoma Human Resource Office
- Santa Rosa Press Democrat
- www.sonoma-county.org /
- San Francisco Chronicle
- www.yourpath2sonomacounty.org
- Job Hotline
- Sacramento Bee
- From a County Employee
- Other Publication: (please specify)
- Careerbuilder.com
- Jobs Available
- Monster.com
- Minority Organization or Group
- Craigslist.org
- Women's Organization or Group
- Job Fair
- Direct Mail advertisement
- School
- Other internet site: (please specify)

COUNTY OF SONOMA EMPLOYMENT APPLICATION

Applicant Name:	Position You are Applying for:
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<p>Easy ID information is needed in order to accept your application. The Easy ID is required for applicant tracking purposes. Applications submitted without this information will be returned as incomplete.</p>	<p>Easy ID: Last 4 digits of Social Security Number: ___ ___ ___ ___ First 3 letters of last name at birth: ___ ___ ___ Month of Birth: ___ ___ Day of Birth: ___ ___</p>
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DEMOGRAPHIC INFORMATION

Mailing Address:	Method you prefer to be notified: <input type="checkbox"/> US Mail <input type="checkbox"/> Email
City, State, Zip:	Email address: Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone:	Driver's License Number: _____ State: _____
Alternate Phone:	Are you able to provide proof of your eligibility to be employed in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please check what type of work you are looking for:	Please check which shifts you will accept:
Full-Time (40 hrs/week) <input type="checkbox"/>	Day <input type="checkbox"/>
Part-Time (less than 40 hrs/week) <input type="checkbox"/>	Evening (swing) <input type="checkbox"/>
Temporary <input type="checkbox"/>	Weekends <input type="checkbox"/>
Seasonal <input type="checkbox"/>	Rotating <input type="checkbox"/>
Per diem <input type="checkbox"/>	Nights (grave) <input type="checkbox"/>
	On Call <input type="checkbox"/>

EDUCATION – If you need more space, please attach a continuation sheet.

Did you graduate from High School, have a GED, or pass a High School equivalency exam? Yes No

List below any education beyond high school:

Name & Location of College/Graduate/Business or Trade school	Study or Major	Semester Units	Quarter Units	Degree Received

WORK EXPERIENCE

We require applicants to list all employers and positions held within the last ten years in your work history. You may include history beyond ten years if related to the position for which you are applying. If you held multiple positions for one employer, please list each position separately. Failure to comply with these instructions may reduce your ability to compete in our examination process or may result in disqualification.
 DO NOT WRITE "SEE RESUME". If you need more space, please attach a continuation sheet.

Mo/Yr to Mo/Yr: Name of Employer: Web Address: Street Address: City, State Zip, Country: Phone: Duties:	Position Title: Hours per week: Salary: May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Supervisor:
Reason for Leaving:	

Mth/Yr to Mth/Yr:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:
Hours per week:
Salary:
May we contact this employer? Yes No
Name of Supervisor:

Reason for Leaving:

Mth/Yr to Mth/Yr:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:
Hours per week:
Salary:
May we contact this employer? Yes No
Name of Supervisor:

Reason for Leaving:

Mth/Yr to Mth/Yr:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:
Hours per week:
Salary:
May we contact this employer? Yes No
Name of Supervisor:

Reason for Leaving:

Mth/Yr to Mth/Yr:

Position Title:

Name of Employer:

Web Address:
Street Address:
City, State Zip,
Country:
Phone:

Hours per week:
Salary:

May we contact this employer? Yes No

Name of Supervisor:

Duties:

Reason for Leaving:

CERTIFICATES AND LICENSES: *You may be required to provide copies of any certificates/licenses for verification.*

Type: Number: State: Date Issued/ Date Expires:

SKILLS: Check each type of software you are proficient in. *If you need more space, please attach a continuation sheet.*

Office/Computer Skills:

Typing Speed wpm	MS Word	<input type="checkbox"/>	MS PowerPoint	<input type="checkbox"/>	MS Publisher	<input type="checkbox"/>
Data Entry kph	WordPerfect	<input type="checkbox"/>	MS Access	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	MS Excel	<input type="checkbox"/>	MS Outlook	<input type="checkbox"/>		

Other Skills:

LANGUAGE(S): *Other than English*

Spanish	Speak: <input type="checkbox"/>	Speak/Read: <input type="checkbox"/>	Speak/Read/Write: <input type="checkbox"/>
	Speak: <input type="checkbox"/>	Speak/Read: <input type="checkbox"/>	Speak/Read/Write: <input type="checkbox"/>

ADDITIONAL INFORMATION:

PROFESSIONAL REFERENCES:

Name:	Email:
Position:	Phone:
Address:	
City, State,	
Zip:	

Name:	Email:
Position:	Phone:
Address:	
City, State,	
Zip:	

Name:	Email:
Position:	Phone:
Address:	
City, State,	
Zip:	

Affirmative answers to the following questions are not necessarily a bar to employment. Each case is considered in relationship to the requirements for the position. Give details to any "Yes" answers in the space provided below.

As an adult, have you been convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been discharged, released during a probationary period, or been requested to resign under unfavorable circumstances from any employment within the last ten years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any family members working for the County of Sonoma? If so, please list their name, relationship, and department below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you previously worked as a permanent, probationary, temporary, or extra-help employee of the County of Sonoma? <i>Former County employees who were released from probation or had disciplinary actions taken leading to separation are precluded from applying for a County position in the same classification within twelve (12) months from the date of separation.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently a permanent or probationary employee of the County of Sonoma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently a temporary extra-help employee at the County of Sonoma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently a temporary agency employee at the County of Sonoma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wish to claim Veteran's Preference?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you received a letter notifying you that your DD214 form is on file with Human Resources? <i>If no and you wish to claim Veterans' Preference, you must submit a copy of your DD214 with your application by the final filing date verifying you served a minimum of six months of continuous, active service.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please give details for any "Yes" responses to the questions above:

PRIVACY STATEMENT AND CERTIFICATION OF APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the examination process, or may result in my termination from employment.

Signature

Date

Have you...

- ✓ *Fully completed the employment application?*
- ✓ *Completed and attached the supplemental questionnaire?*
- ✓ *Attached additional information if required (e.g., typing certificate or DMV report)?*