



COUNTY OF HUMBOLDT

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

| |
|--|
| Personnel Use Only (leave blank) |
| Action: Accept Reject |

EXTRA HELP & REINSTATEMENT ONLY

Humboldt County Human Resources - 825 5th Street, Room 100, Eureka, CA 95501 (707) 476-2349

Applications submitted must be original. Photocopied or reformatted applications will not be accepted. Both pages of this application must be completed in full. Resumes will not be accepted in place of completed applications. All information provided is subject to verification

APPLICATIONS SHOULD BE SUBMITTED TO THE DEPARTMENT YOU WISH TO WORK FOR.

1. POSITION (exact title as listed on the job bulletin)

2. NAME

| | | | | |
|--|------|-------|------|----------------------|
| | LAST | FIRST | M.I. | PRIMARY PHONE NUMBER |
|--|------|-------|------|----------------------|

3. ADDRESS

| | | | | |
|--------|--------|------|-------|----------|
| NUMBER | STREET | CITY | STATE | ZIP CODE |
|--------|--------|------|-------|----------|

4. EMAIL ADDRESS

5. Check the type(s), shift(s) and location(s) you are willing to work. **You will be considered only for categories indicated.**

| | | | | | | |
|--------|----------------------------------|----------------------|---------------|-----------|------------|--------------|
| TYPE: | Reinstatement To Former Position | Extra Help/Temporary | Full-time | Part-time | Substitute | |
| SHIFT: | Days | Swing | Nights | Rotating | Weekends | |
| AREA: | Arcata | Blue Lake | Eureka | Ferndale | Fortuna | Freshwater |
| | Garberville | Hoopa | McKinleyville | Petrolia | Trinidad | Willow Creek |

6. Are you now employed by the County of Humboldt as a permanent, temporary (extra-help) or probationary employee? If yes, indicate where. Yes No

7. Have you previously been employed by the County of Humboldt? If yes, list position, department, date and name (if different). Yes No

8. Employee Relatives: Are you related by blood or marriage to any person presently employed by the County of Humboldt? If yes, list name, relationship and their department. Yes No

9. Have you ever been discharged or forced to resign from any employment? If yes, list details. Yes No

10. Do you possess a valid California driver's license? If yes, Select Class: A B C Yes No
 License #: Expiration Date: Restrictions:

11. Do you possess a High School Diploma or GED? (check appropriate box)
 Select highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: None 1 2 3 4 Post Grad: Years _____

| | | | | |
|---|-----------------------------|-------------------------|-------------------------------|------------------------------|
| Name and location of College, University, Vocational School or Institute | Major or Course of Study | Type of Degree/Cert. | Date Received Degree/Cert. | Units Completed Sem./Qtr. |
|---|-----------------------------|-------------------------|-------------------------------|------------------------------|

12. Licenses, certificates or other credentials, required or otherwise, that may help you to qualify for this position.

| | | | |
|-------|--------|-----------|-----------------|
| Title | Number | Issued By | Expiration Date |
|-------|--------|-----------|-----------------|

13. Are you fluent in a language other than English? If yes, indicate language and specify skills (you may be tested on those indicated).

| | | | | |
|-------------|------------|-------|------|-------|
| Language(s) | Understand | Speak | Read | Write |
| | Understand | Speak | Read | Write |

14. **EMPLOYMENT HISTORY** - Directions: (1.) List most recent job first, (2.) List all job experience, (3.) Include volunteer experience related to this position, (4.) List different positions with the same employer separately. **Resumes will not be accepted in place of a completed application. Complete all sections for each job listed.**

| | | |
|---------------|----------------------|---------------------------|
| Dates of Work | Employer's Name | Address |
| From | Your Title | Supervisor's Name & Title |
| Mo. Yr. | | |
| To | Describe your duties | |
| Part-Time | | |
| Full-Time | | |
| Hrs. Per Week | Reason for Leaving | |
| Dates of Work | Employer's Name | Address |
| From | Your Title | Supervisor's Name & Title |
| Mo. Yr. | | |
| To | Describe your duties | |
| Part-Time | | |
| Full-Time | | |
| Hrs. Per Week | Reason for Leaving | |
| Dates of Work | Employer's Name | Address |
| From | Your Title | Supervisor's Name & Title |
| Mo. Yr. | | |
| To | Describe your duties | |
| Part-Time | | |
| Full-Time | | |
| Hrs. Per Week | Reason for Leaving | |
| Dates of Work | Employer's Name | Address |
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| Mo. Yr. | | |
| To | Describe your duties | |
| Part-Time | | |
| Full-Time | | |
| Hrs. Per Week | Reason for Leaving | |
| Dates of Work | Employer's Name | Address |
| From | Your Title | Supervisor's Name & Title |
| Mo. Yr. | | |
| To | Describe your duties | |
| Part-Time | | |
| Full-Time | | |
| Hrs. Per Week | Reason for Leaving | |

15. **REFERENCES:** List the names and addresses of three persons living in the United States who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying:

| | | | | | |
|------|---------|------|-------|-----|-------|
| NAME | ADDRESS | CITY | STATE | ZIP | PHONE |
|------|---------|------|-------|-----|-------|

16. **READ CAREFULLY BEFORE SIGNING:** I certify that all statements made in this application are true. I understand that any misstatement or omission of material fact on this application shall be sufficient cause for dismissal. I understand that I may be **REQUIRED** to submit proof of age, medical, security, employment eligibility verification and citizenship requirements to the County before appointment to any position.

I hereby give permission to the employers listed above to release information to Humboldt County concerning my work history. Yes No If "No", please explain

SIGNATURE

DATE