Print Form

COUNTY OF IMPERIAL

PLEASE PRINT: COMPLETION OF **SECTION A** IS NOT MANDATORY

Last Name _____ First Name _____ Middle Name _____ Date _____

Position Applied for/Department _____

A. IDENTIFICATION FORM

Imperial County is asking all applicants for positions to complete this form in order to comply with U.S. Government, State and County equal opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruiting efforts. Information you provide will not be used in any way in the selection process and will be confidential.

CHECK APPLICABLE SPACE & RETURN WITH YOUR APPLICATION:

☐ Male ☐ Female

☐ White. . . . . .(Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent

☐ African American . . . . . (Not of Hispanic origin) All persons having origins in any of the black racial group

☐ Hispanic . . . . . All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

☐ Asian or Pacific. . . . . .All persons having origins in any of the original peoples of the Far East, Southwest Asia, or Asia, or the Pacific Islands. These include, for example, China, Japan, Korea, the Philippine Islands, and Samoa

☐ American Indian or . . . . All persons having origins in any of the original peoples of North America Alaskan Native

Are you a Veteran? ☐ Yes ☐ No If so, branch of services: _____

Dates of active duty: From _____ To _____

B. CRIMINAL HISTORY RECORD

Have you ever been convicted of a crime: ☐ Yes* ☐ No

You must disclose all misdemeanor and felony convictions, including convictions that have been expunged pursuant to Penal Code sections 17(b) and/or 1203.4. You must also disclose whether you are currently out on bail or on your own recognizance pending trial. You may exclude information pertaining to an arrest or detention that did not result in conviction, information concerning a referral to, or participation in, any pretrial or postrial diversion program and traffic infractions that are more than ten (10) years old.

If yes, please explain in detail on a separate piece of paper and attach it to this form. A conviction or the existence of a criminal record does not constitute an automatic bar to employment and each case will be considered separately based on job requirements.

C. WE WOULD APPRECIATE YOUR RESPONSE TO THE FOLLOWING QUESTION:

How did you first learn about this job opportunity? Choose one.

☐ County Website ☐ One-Stop ☐ Newspaper ☐ Job Opportunity Flyer

☐ EDD ☐ Other _____ ☐ Website (which one) _____

D. APPLICANT CONSENT FORM

I request, authorize and consent to the release of information to the County of Imperial, regarding my previous employment and authorize all past employers or agents that they may designate, to respond to oral or written inquiries from the County of Imperial regarding my employment record, including, but not limited to, positions held, dates of employment, last pay raise, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe harmful, or threatening behavior. I agree to release and discharge the County of Imperial and all past employers, and their respective officers, agents, and employees, from any and all claims, demands, damages, and all other liabilities arising out of, or as a result of, any oral or written inquiry or any information provided or released, as a result of any written or oral inquiry by the County of Imperial.

_____ _____

(Applicant Signature) Date

COUNTY OF IMPERIAL

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM RECRUITMENT PROCESS. BOTH SIDES MUST BE COMPLETED.

Please use a typewriter or print in ink. All statements will be subject to verification

POSITION: (Give exact title as listed on the job bulletin)

1. _____ **2.** Social Security # _____

3. Name _____ _____ _____
Last First Middle

4. Mailing Address: _____
Number & Street City & State Zip

5. Home Phone _____ Business/Msg. Phone _____ ext. _____

Please list any other names that you have ever used: _____

6. Please indicate any hours and shifts which you are not available to work: **Hrs:** _____ **Shift:** _____

7. Prior to employment each new employee of Imperial County must fill out and sign the Oath of Allegiance required of all public employees by Section 3. Article XX of the Constitution of the State of California. Is there any reason why you cannot sign this Oath of Allegiance?

☐ Yes ☐ No If yes, please explain: _____

8. Are you requesting veterans' preference? If YES, you must attach a copy of your DD214 prior to the final filing date.

☐ Yes ☐ No Branch of Service _____

Enlistment Date _____ Discharge Date _____ Type of Discharge _____

9. Have you previously been employed by the County of Imperial? ☐ Yes ☐ No

10. Are you fluent in any language in addition to English? If yes, please specify your skills

Language _____ ☐ Understand ☐ Speak ☐ Write ☐ Read

11. Do you possess a valid California driver's license? ☐ Yes ☐ No License #: _____ Class: ☐

If class A or B, please provide copy of medical examiner's certificate.

12. Title and number of license, certificate or other credential, if required for this position.

Title: _____ Number: _____ Issued by: _____ Expiration Date: _____

13. Please check if you possess one of the following:

☐ High School Diploma ☐ GED Certification ☐ CA High School Proficiency

Highest grade completed: _____ College: _____ Post Graduate work: _____ Years: _____

Name and Address of College, University, Vocational School or Institute	Major or Course of Study	Date Received Degree/Cert.	Name of Degree/Cert.	# Units Completed

***** IF REQUIRED A COPY OF YOUR COLLEGE TRANSCRIPTS, DEGREE, OR DIPLOMA MUST BE SUBMITTED WITH YOUR APPLICATION. FAILURE TO PROVIDE VERIFICATION OF EDUCATION WITH YOUR APPLICATION MAY RESULT IN YOUR APPLICATION BEING DISQUALIFIED *****

14. In case of emergency notify:

Name: _____ Telephone: _____

Address: _____
Number Street City & State Zip

The County of Imperial does not unlawfully discriminate on any prohibited basis under state or federal law including prohibitions listed in title VII, the Age and Discrimination and Employment Act, section 504 of the Rehabilitation Act of 1973, the Fair Employment and Housing Act, and the Americans With Disabilities Act. *NOTE: IF YOU BELIEVE YOUR CIVIL RIGHTS IN EMPLOYMENT MATTERS HAVE BEEN VIOLATED AT ANY TIME DURING THE COURSE OF YOUR CONSIDERATION FOR EMPLOYMENT, CONTACT THE EQUAL EMPLOYMENT OPPORTUNITY OFFICE, 940 W. MAIN STREET, EL CENTRO, CA 92243, PHONE: (760) 482- 4506 (DO NOT CALL THIS NUMBER FOR GENERAL EMPLOYMENT OR JOB APPLICATION INFORMATION).

15. If you feel you have a need for special arrangements due to a disability in order to participate in the recruitment process, call 482, 4488 or TTY (760) 337 - 4196.

Human Resources & Risk Management Department
940 West Main St., Suite 101, El Centro, CA 92243
Phone: (760) 482-4488 * TTY: (760) 337- 4196
Fax: (760) 352- 2652
www.co.imperial.ca.us

THIS SECTION FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Veterans Preference Points	Accepted _____	☐ Not Accepted	☐ Education ☐ Late Filing ☐ Experience
	Screened Out _____	☐ Incomplete App.	☐ No Supplemental ☐ Other:

Comments: _____

At time of hire, County employees must meet the documentation requirements
of the Immigration Reform and Control Act of 1986

EMPLOYMENT HISTORY

1. List your complete employment for the last ten years beginning with your most recent
2. List all experience, paid or voluntary, related to the position
3. Use different blocks for different positions with same employer
4. Additional sheets my be attached when necessary

Resumes will NOT be accepted in place of a completed application.

DATES EMPLOYED From _____ To _____ Total Years/Months: _____ Hours Per Week: _____ Salary: _____ May we contact this employer? _____	NAME OF EMPLOYER: ADDRESS: JOB TITLE AND DUTIES: SUPERVISOR'S NAME/TITLE: Phone: REASON FOR LEAVING:
DATES EMPLOYED From _____ To _____ Total Years/Months: _____ Hours Per Week: _____ Salary: _____ May we contact this employer? _____	NAME OF EMPLOYER: ADDRESS: JOB TITLE AND DUTIES: SUPERVISOR'S NAME/TITLE: Phone: REASON FOR LEAVING:
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IMPORTANT NOTICE REGARDING EMPLOYMENT:

Employment with the County of Imperial does not occur until the Appointing Authority and the Director of Human Resource & Risk Management sign and file a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Any information obtained after a conditional offer is made but before the formal document is filed may also constitute grounds for withdrawal of the conditional offer. Until formal appointment is made in this manner, any offers of County employment are conditional and preliminary and may be withdrawn.

CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

I hereby release all former employers, their representatives and the individuals listed from any and all liability which may or may not result from information supplied by them to the County of Imperial. I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment in the service of the County of Imperial. I further agree to submit to a complete medical examination and, upon employment, to furnish such proof or identification and legal right to work in the United States as may be required. For certain "sensitive" positions, as defined by County policy, the medical evaluation will include testing for drugs and alcohol. I also understand that once hired I may be required to provide proof of my birth date. All statements made in this application may be verified, including checks of police records and former employers.

I understand that this application is not a contract, and it is not an offer of employment. If I am offered employment, I understand that such offer is subject to the Employment Conditions listed above.

_____ Signature

_____ Date

E-Relations Form Must be attached and submitted with application