MOUNTAIN HOUSE
COMMUNITY SERVICES DISTRICT

An Equal Opportunity Employer

C/O Human Resources Division, 24 South Hunter Street, Canlis Building Room 106, Stockton, CA 95202

(209) 468-3370 FAX (209) 468-0508 Hours: 8:00 a.m. – 5:00 p.m., M-F

Job Title _____

Applicant Name _____
Last ***First*** ***Middle***

Social Security Number _____ - _____ - _____ **(Disclosure of your social security number is voluntary. It will be used for identification purposes only to ensure proper records are maintained.)**

Mailing Address _____
Number and Street ***City and State*** ***Zip***

Home Phone Number ( ) _____ ***Okay to leave message?*** O ***Yes*** O ***No***

Work/Message Number ( ) ***Ext.*** _____ ***Okay to leave message?*** O ***Yes*** O ***No***

(Provide work phone number only if we may contact you there.)

Driver's License: (Circle Class) A B C License No. _____ *State Issued by:* _____

(You may be required to provide your own vehicle for the conduct of official business.)

Answer the following questions for all jobs:

O ***Yes*** O ***No*** *Are you currently employed by the County of San Joaquin? If yes, indicate type of employment:*

O *Regular* O *Temporary*

O ***Yes*** O ***No*** *Can you, after employment, submit proof of your legal right to work in the United States?*

O ***Yes*** O ***No*** *Are you 18 of age or over?*

O ***Yes*** O ***No*** *As an adult, have you ever been convicted of an offense other than a minor traffic violation? If yes, please give date and nature of the offense below. (Convictions are evaluated for each position and are not necessarily disqualifying.)* _____

O ***Yes*** O ***No*** *Are you related to anyone who works for San Joaquin County by blood, marriage, or adoption? If yes, list:*

Name(s) _____

Relationship(s) _____

Department(s) _____

Professional Licenses, Certifications, or Registrations: *Type:* *Number:*
Issuing Agency: *Date Issued:* *Date Expires*

Answer the following questions if the Job Bulleting states this information is required or desired for this recruitment:
You may also choose to voluntarily complete any of these questions if you wish to be eligible for future vacancies (CSR 808, Special Certifications)

Language(s) other than English: O Spanish O Hmong O Other Fluently O Speak O Read O Write

Office Skills: Typing _____ net wpm Computer Program Certificates _____

Original Certificate Verified by: _____

FOR HUMAN RESOURCES USE ONLY

Date Received	Review	π Accept π Reject	π Accept π Reject	Educ	Exp	Lic	Other
Vets Pts 5 10		Additional Information					

Position _____ ***Social Security #*** _____

Answer the following questions for all jobs:

Did you graduate from High School? O Yes O No If no, do you possess a GED? O Yes O N/A

COLLEGE, GRADUATE, PROFESSIONAL, BUSINESS, AND/OR TRADE SCHOOL(S) ATTENDED:

Name of School	***City & State***	***Major***	***Units Completed***		***Degree Pursued***	***Completed? (Yes/No)***
			Sem	***Qtr***		

EMPLOYMENT EXPERIENCE

List all paid and related voluntary experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space, attach a photocopy of page 3 or an additional sheet of paper and include answers to all of the questions asked on this application about each job experience. Refer to the ***Employment Standards*** *on the* ***Job Bulletin*** *for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards. A resume will not be accepted in place of this section. While volunteer experience is not considered in determining if you meet the minimum qualifications, it may enhance your overall competitiveness for the position.*

Name of employer		*Type of business*
Mailing address		*Supervisor's name*
		Supervisor's job title
Salary $ /mo.	*No. of employees you supervised*	*Reason for leaving*
Name, if employed under another name	*Are we authorized to contact this employer regarding your employment record?* O Yes O No Supervisor's phone number (_____) _____	
Dates of Employment: From / / to / / Hrs/Wk Length of employment yrs. Mos.		
Official job title		
Description of primary duties		

Name of employer	*Type of business*

Mailing address		*Supervisor's name*
		Supervisor's job title
Salary $ /mo.	*No. of employees you supervised*	*Reason for leaving*

Name, if employed under another name	*Are we authorized to contact this employer regarding your employment record?* **O** Yes **O** No Supervisor's phone number (_____) _____

Position		***Social Security #***	

Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. Mos.

Official job title

Description of primary duties

Name of employer		*Type of business*
Mailing address		*Supervisor's name*
		Supervisor's Job title
Salary $ /mo.	*No. of employees you supervised*	*Reason for leaving*

Name, if employed under another name	*Are we authorized to contact this employer regarding your employment record?* **O** Yes **O** No supervisor's phone number (_____) _____

Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. Mos.

Official job title

Description of primary duties

Name of employer	*Type of business*
Mailing address	*Supervisor's name*

		Supervisor's Job title
Salary $ /mo.	*No. of employees you supervised*	*Reason for leaving*
Name, if employed under another name	*Are we authorized to contact this employer regarding your employment record?* O Yes O No supervisor's phone number (_____) _____	
Position		***Social Security #***
Dates of employment: From / / to / /	*Hrs/Wk*	*Length of employment yrs. Mos.*
Official job title		
Description of primary duties		

Please list computer applications or programs that you are familiar with:

1.	*5.*
2.	*6.*
3.	*7.*
4.	*8.*

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

Please read before signing: *I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny County employment, or for disciplinary action including dismissal after employment.*

Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the County of San Joaquin.

I do hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

Print name _____ ***Signature*** _____

Date _____ ***Classification*** _____

COUNTY OF SAN JOAQUIN
Human Resources Division
24 South Hunter Street, Room 106
Stockton, California 95202
Telephone (209) 468-3370
Fax (209) 468-0508

AUTHORIZATION FOR RELEASE OF INFORMATION

TO _____
_____
_____
_____
_____
(List all current and former employers)

FROM: _____

RE: CONSENT TO RELEASE EMPLOYMENT INFORMATION

I, _____. Do hereby consent to your release of information Relating to my employment with your organization, including information, documents and materials contained in my personnel file to _____, County of San Joaquin.
(Name of County's designee)

I further consent to you or your designated representative, employees, officers or agents to respond to verbal or written inquires from _____, County of San Joaquin regarding my employment.
(Name of County designee)

I do hereby release, discharge, exonerate and hold harmless all my former and current employers listed, their representatives, employees, officers or agents and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents and records and release of any verbal or written employment information. This release shall be binding on my legal representative, heirs and assigns.

This waiver shall remain valid for 18 months from the date of signature.

Full name: _____ Date: _____