



County of Plumas
EMPLOYMENT APPLICATION

Return Completed Application to:
Plumas County Human Resources
 520 Main Street, Room 115
 Quincy, CA 95971
 (530) 283-6444
humanresources@countyofplumas.com

Instructions: All applications for county positions must be submitted on the standard county application form. **A separate application must be submitted for each position. The application must be completed in sufficient detail to allow comprehensive review and evaluation. Failure to complete the application in sufficient detail will disqualify the applicant from further review.** Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify the Human Resources Department of any change of address, name or other pertinent information. If you have any disabilities which may require special testing arrangements, please contact the Human Resources Department. Faxed applications may be used to secure your position, however, a signed original application form is required before an interview will be scheduled. Plumas County is an Equal Opportunity Employer and drug-free workplace. AA/EEO.

POSITION APPLYING FOR AND DEPARTMENT						
LAST NAME		FIRST NAME		MIDDLE NAME		
STREET ADDRESS				CITY/STATE/ZIP CODE		
MAILING ADDRESS (if different from above)				CITY/STATE/ZIP CODE		
HOME PHONE	MESSAGE PHONE	EMAIL		SOCIAL SECURITY NUMBER		
To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either statement (a) or (b) describe your status of this country? YES NO						
Are you related to any Plumas County employee: YES NO If yes, please provide the following: NAME: _____ RELATIONSHIP: _____ DEPARTMENT: _____						
CALIFORNIA DRIVER LICENSE —Some positions may require possession of a California Driver License. Do you have a valid California Driver License: YES NO If yes, Driver License Number _____						
Education (Check highest grade completed) High School: 9 10 11 12 GED College: 1 yr 2 yr 3 yr 4 yr Graduate Work? YES NO						
NAMES AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED		DATES	UNITS COMPLETED	MAJOR SUBJECT	DEGREE	NO. OF YEARS ATTENDED
HOW DID YOU HEAR ABOUT THIS POSITION?						

PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATE:	NUMBER	ISSUE DATE	EXPIRATION DATE

WORK EXPERIENCE: Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Give details on the experience that you believe meets the minimum requirements for this recruitment. Describe different positions held with the same employer in different blocks, showing dates, etc. **LIST ALL POSITIONS/JOB SEPARATELY. DO NOT USE** "See Resume" for any of the requested information on this form. Resumes may be attached and are encouraged. If more space is needed, job duties may be continued on regular paper. **INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.**

PRESENT/LAST EMPLOYER		JOB TITLE		NUMBER YOU SUPERVISED	
EMPLOYER'S ADDRESS		DUTIES			
CITY/STATE/ZIP CODE					
FROM (month/day/year)	TO (month/day/year)				
HOURS PER WEEK	REASON FOR LEAVING		ARE YOU EMPLOYED BY THIS COMPANY NOW? MAY WE CONTACT YOUR EMPLOYER? NAME AND PHONE NUMBER OF SUPERVISOR?		
PRESENT/LAST EMPLOYER		JOB TITLE		NUMBER YOU SUPERVISED	
EMPLOYER'S ADDRESS		DUTIES			
CITY/STATE/ZIP CODE					
FROM (month/day/year)	TO (month/day/year)				
HOURS PER WEEK	REASON FOR LEAVING		ARE YOU EMPLOYED BY THIS COMPANY NOW? MAY WE CONTACT YOUR EMPLOYER? NAME AND PHONE NUMBER OF SUPERVISOR?		
PRESENT/LAST EMPLOYER		JOB TITLE		NUMBER YOU SUPERVISED	
EMPLOYER'S ADDRESS		DUTIES			
CITY/STATE/ZIP CODE					
FROM (month/day/year)	TO (month/day/year)				
HOURS PER WEEK	REASON FOR LEAVING		ARE YOU EMPLOYED BY THIS COMPANY NOW? MAY WE CONTACT YOUR EMPLOYER? NAME AND PHONE NUMBER OF SUPERVISOR?		
PRESENT/LAST EMPLOYER		JOB TITLE		NUMBER YOU SUPERVISED	
EMPLOYER'S ADDRESS		DUTIES			
CITY/STATE/ZIP CODE					
FROM (month/day/year)	TO (month/day/year)				
HOURS PER WEEK	REASON FOR LEAVING		ARE YOU EMPLOYED BY THIS COMPANY NOW? MAY WE CONTACT YOUR EMPLOYER? NAME AND PHONE NUMBER OF SUPERVISOR?		

I hereby certify that all statements made in connection with this application and attachments are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment, or for dismissal if discovered at a later date. I authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.

Signature _____

Date _____

Plumas County Affirmative Action Program

The following questionnaire is intended to gather statistics for Plumas County's Affirmative Action Program. This information is solicited on a voluntary basis only and has no bearing on your application, eligibility, or selection.

Your Age Group:

Male	Female	Nonbinary
Under 21	50 - 59	
22 - 29	60 - 69	
30 - 39	70 or over	
40 - 49		

Proof of age may be required if under 21 years of age

Choose the Ethnic Group With Which You Most Closely Identify:

White	Black
Hispanic	Filipino
American Indian or Alaskan Native	Other
Asian or Pacific Islander	

Physical Data: Do you have any disabilities which should be considered in assigning you to the work for which you are applying? Yes _____ No _____ If "yes", give details below?

Do you have a major disability which may impede your obtaining employment?

None	Physical Impairment
Hearing Impairment	Developmental Disabilities
Sight Impairment	Other _____ (Specify)
Speech Impairment	