



County of Plumas  
EMPLOYMENT APPLICATION

Return Completed Application to:  
**Plumas County Human Resources**  
1446 E. Main Street  
Quincy, CA 95971  
(530) 283-6444  
[humanresources@countyofplumas.com](mailto: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.

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
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 - Please keep to a maximum of 200 words, if you have to scroll through the text box, the information will be cut off when you print.			
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 - Please keep to a maximum of 200 words, if you have to scroll through the text box, the information will be cut off when you print.			
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 - Please keep to a maximum of 200 words, if you have to scroll through the text box, the information will be cut off when you print.			
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 - Please keep to a maximum of 200 words, if you have to scroll through the text box, the information will be cut off when you print.			
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 - Please keep to a maximum of 200 words, if you have to scroll through the text box, the information will be cut off when you print.			
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.

I understand that by typing my name below, I'm signing this form electronically, and it counts just like a handwritten signature.

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 Gender Identity:**

Male

Female

Nonbinary

**Your Age Group:**

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

**Ethnicity:**

Yes, Hispanic or Latino

No, Not Hispanic or Latino

**Race:**

American Indian or  
Alaska Native

Native Hawaiian or Other  
Pacific Islander

Asian

White

Black or African American

Two or More Races/Other

**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