



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

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/JOBSEPARATELY. 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			
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			
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.		
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FROM (month/day/year)	TO (month/day/year)			
HOURS PER WEEK	REASON FOR LEAVING			
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			

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
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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	