

# TRINITY COUNTY APPLICATION FOR EMPLOYMENT

Department of Administration & Personnel  
 11 Court Street, Courthouse, Second Floor  
 PO Box 1613  
 Weaverville, CA 96093  
 Phone: (530) 623-1325 FAX: (530) 623-4222

## Personnel Use Only

### DIRECTIONS:

- Please complete all portions of this application
- Print in ink or type
- Complete one application per position for which you are applying
- Sign the application after it is completed and submit it to the Personnel Office
- Incomplete or illegible applications will not be accepted
- Resumes will not be accepted in lieu of the completed application form

### I. TITLE OF POSITION FOR WHICH YOU ARE APPLYING

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### II. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work or message) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box or Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License: (STATE) \_\_\_\_\_ (NUMBER) \_\_\_\_\_ (CLASS) \_\_\_\_\_

Type(s) of work you are seeking: Full Time  Temporary  Nights  Part Time  Days   
 (check all that apply)

Area(s) you are willing to work: Weaverville  Hayfork  Lewiston  Trinity Center  Junction City   
 Hawkins Bar  Hyampom  Ruth  Zenia

### III. EDUCATION AND TRAINING

School	Name & Location of College, University or School(s)	Major Course of Study	Units Completed	Degree Received
College				
Business/ Trade or Technical		Course Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School  or		Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School Equivalency		Certificate Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IV. CERTIFICATES OR LICENSES**

Name of License or Certificate	Date of Issue	Expires

**V. MACHINES, EQUIPMENT OR VEHICLES**

List any machines, equipment or vehicles you operate:

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**VI. EMPLOYMENT HISTORY**

Please give accurate, complete, full-time and part-time employment and list each position separately. Start with your current or most recent employment and complete each section in its entirety. Do **not write** "See Attached" in lieu of completing any section below. You may include military and/or volunteer experience you believe will help demonstrate your qualifications for the position.

Employer _____ Address _____ Name of Supervisor _____ Telephone _____	Employed (month and year) From _____ To _____ Monthly or Hourly Wages _____ Reason For Leaving _____
Job Title and General Description of Your Work _____ _____ _____	

Employer _____ Address _____ Name of Supervisor _____ Telephone _____	Employed (specify month and year) From _____ To _____ Monthly or Hourly Wages _____ Reason For Leaving _____
Job Title and General Description of Your Work _____ _____ _____	

Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	
_____	
_____	
_____	

Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	
_____	
_____	
_____	

Employer _____	Employed (specify month and year)
Address _____	From _____ To _____
Name of Supervisor _____	Monthly or Hourly Wages _____
Telephone _____	Reason For Leaving _____
Job Title and General Description of Your Work	
_____	
_____	
_____	

**VII. GENERAL INFORMATION**

Have you ever worked for the County of Trinity before?  Yes  No

If you checked the "Yes" box, please fill in the following:

Position held: \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Have you ever worked for the County of Trinity under a different name?  Yes  No

If you checked the "Yes" box, under what name(s) have you worked before? \_\_\_\_\_

Do you have any relatives by blood or marriage who are currently employed by the County of Trinity?  Yes  No

If you checked the "Yes" box, please state the name and department of your relative working for the County. (The County Personnel Ordinance establishes certain conditions which must be met before relatives of current county employees can be hired.)

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Convictions/Criminal Offender Background Checks. Applicants may be offered employment subject to the condition that they pass a background check. This check includes information on criminal convictions. Conviction of a crime is not necessarily a disqualification to employment. The nature of the offense, position for which you apply, date of offense and circumstances of the offense will be considered.

You must answer the following question. In answering this question **do not include**

1. Any arrest or citation that did not result in a conviction or plea of guilty or no contest.
2. Any conviction or plea of guilty or no contest for which the record has since been ordered by a judge to be sealed, expunged or reversed.
3. Any misdemeanor conviction or plea of guilty or no contest for which probation was successfully completed and for which a judge has ordered the conviction or pleas dismissed.
4. Any arrest or citation for which a diversion program has been successfully completed and a judge has ordered the charges dismissed.
5. Traffic violations or other violations charged as an infraction.
6. Convictions for simple possession of marijuana under Health and Safety Code Section 11357 (b) or (c) if the conviction is more than two years old. Please note that this exception does not apply if you are applying for a position as a peace officer.
7. Convictions prior to January 1, 1976 for violation of Health and Safety Code Section 11360 (c), 11364, 11365 or 11550 involving only use or possession of marijuana.

A. Have you ever been convicted as an adult of a crime other than a minor traffic violation? A.  Yes  No

B. Have you ever been arrested for or charged with a crime for which you are currently out on bail or on your own recognizance pending trial?  
A.  Yes  No

If you answered YES to either of the above questions, attach an additional sheet and give (1) the date, (2) the charge or offense, (3) the City and State, (4) the court, and (5) the action taken. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

I authorize the County of Trinity Personnel Department to release the information contained in this application to other prospective employers:  
Yes  No

I authorize the County of Trinity to contact the employers I have listed in this application: Yes  No  If you marked "No" which employers do you NOT want us to contact? \_\_\_\_\_

I hereby certify that all statements made in this Application for Employment are true and complete. I agree and understand that any misstatement or omission of fact on this application may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined. I give the County of Trinity and its agents permission to verify any information given.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

⇒ All new employees are required to sign various forms related to employment with the County of Trinity. If made a conditional offer of employment you will be required to show proof of citizenship or eligibility to work in the United States as required by the I.N.S.

⇒ **IF SELECTED FOR AN INTERVIEW OR TESTING AND YOU REQUIRE SPECIAL ACCOMMODATION(S) DUE TO A DISABILITY, PLEASE CONTACT THE PERSONNEL DEPARTMENT PRIOR TO THE TEST OR INTERVIEW DATE IN ORDER THAT ARRANGEMENT S MAY BE MADE.**

**TRINITY COUNTY QUESTIONNAIRE**

Trinity County is committed to providing Equal Employment Opportunity in all personnel practices. In order to further this commitment, applicants are requested to voluntarily provide the following information which will be detached from the application and used for research purposes only. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

**1. Title of position for which you are applying:**

\_\_\_\_\_

**2. Date:** \_\_\_\_\_

**3. Date of birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**4. Gender:**  Female  Male

**5. If you have a disability or record of impairment, please indicate your disability below.**

- Visual Impairment
- Hearing Impairment
- Physical Impairment
- Speech Impairment
- Developmental
- Mental Disability
- Other (please specify): \_\_\_\_\_

**6. Ethnic Category**

- Hispanic or Latino (Mexican, Cuban, Puerto Rican, Central or South American descent or persons or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino (Mexican, Cuban, Puerto Rican, Central or South American descent or persons or other Spanish culture or origin, regardless of race)

**7. Race Category**

- American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue or tribal association)
- Asian or Pacific Islander (Far Eastern, Southeast Asian, Pacific Islander, Pakistani or East Indian descent)
- Filipino (All persons having origins in the Philippine Islands)
- Black (includes persons having origins in Black racial groups in Africa)
- White (European, North African [excluding Black racial groups], or Middle Eastern descent)
- Other. Please specify: \_\_\_\_\_

**8. How did you learn about this position? (check all that apply)**

- Friend or relative
- County Employee
- County Vacancy Announcement
- County Personnel Office
- Trade or Professional Publication
- Newspaper. Name of newspaper: \_\_\_\_\_
- Other. Please specify: \_\_\_\_\_

**AUTHORIZATION TO INVESTIGATE REFERENCES  
AND BACKGROUND**

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Trinity County to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the County any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Trinity County, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

{California Civil Code § 1786.53}

I am aware that Trinity County may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment assignment, and/or promotion as well as conducting investigations into possible misconduct.

I acknowledge that the term public records as used herein is limited to records of arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

Check one box only.

I hereby elect to receive any public records which may be obtained by Trinity County for employment purposes under Civil Code § 1786.53.

I hereby elect not to receive any public records which may be obtained by Trinity County for employment purposes under Civil Code § 1786.53.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_