



33741

COUNTY OF SAN JOAQUIN SCANNABLE EMPLOYMENT APPLICATION

Last Name (Truncate if longer than space provided)

First Name

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Thank you for your interest in employment with the County of San Joaquin. The attached application is part of the selection process. Before completing the application, read these instructions and the Job Bulletin to ensure you submit all of the information necessary to evaluate your application.

Do Not Fax Application

Your application and all additional materials will be scanned. Complete all forms in Black or Blue ink, using capital letters, and stay within the boxes provided. See example below:

Last Name (Truncate if longer than space provided)													First Name					
B	R	O	W	N									K	A	T	H	Y	
Mailing Address																		
5	6	7	8		W	E	S	T					If necessary, use second line for street					
M	I	S	S	I	O	N		S	T	R	E	E	T					

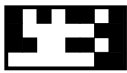
Once your application is scanned, the boxes will disappear and the application will be reformatted for on-line review.

If you have concerns about the appearance of your application, or would like to easily copy your application for other jobs, we encourage you apply on-line at: www.jobaps.com/sjq

- **You are required to provide the following tracking information on the application:** the first three letters of your last name at birth, the month and day of your birth, the last four digits of your social security number. Your application package will not be processed without this information.
- **Any additional materials (e.g. Supplemental Questionnaire, transcripts, etc.) which are sent separately require a completed Additional Document Cover Sheet, which is included in this packet.**
- Use a separate application for each job for which you apply. Do not submit a resume in place of completing any part of the application.
- Applications and attachments will not be returned or photocopied for you.
- If you are disabled and need accommodation in the selection process, please contact the Human Resources Department.
- Please notify the Human Resources Department if you change your mailing address, e-mail address, phone number, or name.

You can check on the status of any recruitment by accessing our on-line employment center at www.jobaps.com/sjq. If you have any other question, please contact:

**County of San Joaquin Human Resources Department
An Equal Opportunity Employer
(209) 468-3370 email: humanresources@sjgov.org**



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You are **REQUIRED** to answer all questions in this box.

Job Title

Job Bulletin Number - -

Type of Application Regular Part-time Temporary Per Diem Transfer Reinstatement Block Budget

First three letters of last name at birth Last four digits of Social Security Number Month of Birth Day of Birth

Last Name (Cut off if longer than space provided)

First Name

Mailing Address

If necessary, use second line to complete mailing address.

City State Zip -

Country (For example USA)

Primary Phone Number - - Secondary Phone Number - - Extension

OK to leave message? Yes No OK to leave message? Yes No

Driver's License: A B C License No. (You may be required to use your own vehicle to conduct official county business.)

State issued by or enter "OC" for other country issued by Expiration Date (mm/dd/yy) / /

Please check at least one choice for *Employment Type*. You will be considered **ONLY** for the *Employment Types* selected:

Full-Time Part-Time Temporary Contract Per Diem (Health Care Services Only)

Have you ever been employed by San Joaquin County? Yes No

If yes, indicate type of employment: Regular Temporary Part-time

Job

Any other name used

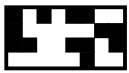
Department worked in

Date you left / /

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Front Counter Fax US Mail Drop Box InterOffice Mail



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- Yes No Will you submit to a background investigation if requested by the department?
If you check no, you will not be referred to any department that requires a background investigation. This will not impact your referral to other departments.
- Yes No Can you, after employment, submit proof of your legal right to work in the USA?
- Yes No Are you 18 years of age or over?

Please list language(s) other than English:

- Vietnamese Speak Speak/Read Speak/Read/Write N/A
- Cambodian Speak Speak/Read Speak/Read/Write N/A
- Laotian Speak Speak/Read Speak/Read/Write N/A
- Spanish Speak Speak/Read Speak/Read/Write N/A
- Hmong Speak Speak/Read Speak/Read/Write N/A
- Other Language: Speak Speak/Read Speak/Read/Write N/A

Other Language Name

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- Yes No Are you eligible for Veteran's Preference Points: (Submission of DD214 is required)
- Yes 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): _____

Answer the following questions if the Job Bulletin 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.

Typing

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 net wpm Computer Program Certificates

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Typing Cert issued by: _____ Computer Cert issued by: _____

Date: _____ Date _____

You may be required to provide your original certificate

Professional Licenses, Certifications, or Registrations Type _____ Number _____

Issuing Agency: _____ Date Issued _____ Date Expires _____

Please list computer applications or programs that you are proficient in:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____



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EDUCATION

Did you graduate from high school? Yes No If no, do you possess a GED? Yes No

College, Graduate, Professional, Business, Trade School Name of School City & State	Major Subject	Units Completed		Certificate/Degree Obtained?	Completed?
		Sem	Qtr		
				<input type="radio"/> 2yr <input type="radio"/> Doct <input type="radio"/> 4yr <input type="radio"/> Cert <input type="radio"/> Mstr <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending
				<input type="radio"/> 2yr <input type="radio"/> Doct <input type="radio"/> 4yr <input type="radio"/> Cert <input type="radio"/> Mstr <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending
				<input type="radio"/> 2yr <input type="radio"/> Doct <input type="radio"/> 4yr <input type="radio"/> Cert <input type="radio"/> Mstr <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending
				<input type="radio"/> 2yr <input type="radio"/> Doct <input type="radio"/> 4yr <input type="radio"/> Cert <input type="radio"/> Mstr <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending
				<input type="radio"/> 2yr <input type="radio"/> Doct <input type="radio"/> 4yr <input type="radio"/> Cert <input type="radio"/> Mstr <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending

EMAIL (If an e-mail is provided, correspondence regarding this application will be sent via e-mail)

EXAMPLE of e-mail address entry: dtuer@sjgov.org OR jbird@aol.com

Please write clearly so that we can tell the difference between letters and numbers, e.g. "O" and 0 (zero); "i" and "L" and "1" (one)

Highest Grade Completed

OPTIONAL:

This information may be used for database searches.

- High School
- College Year 1
- College Year 2
- College Year 3
- College Year 4
- Grad School Year 1
- Grad School Year 2
- Grad School Year 3
- Grad School Year 4
- Grad School Year 5+

Major Subject of Education

Major Area of Employment Experience

Years of Employment in Major Area

Other Area of Employment Experience

Years of Employment in Other Area

Last Name _____ First Name _____

Name of employer		Type of business	
Mailing address		Supervisor's name	
		Supervisor's Job title	
Was this a paid position? <input type="checkbox"/> Yes <input type="checkbox"/> No	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?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No supervisor's phone number (_____) _____		
Dates of employment: From ____ / ____ / ____ to ____ / ____ / ____		Hrs per week: _____	Length of employment: Yrs. ____ Mos. ____
Official job title			
Description of primary duties			

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 _____



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DOCUMENT COVER SHEET

If you are sending additional documents with your application now or separately at a later time, you are required to use a Document Cover Sheet for each type of document you send. Please make a copy of this form if necessary.

If this cover sheet does not accompany your documents, they will not be processed and your application will be considered incomplete and will be rejected.

Job Bulletin Number

- -

Job Title

First three letters of last name at birth

Last four digits of SSN

Month of Birth

Day of Birth

Last Name (Cut off if longer than space provided)

First Name

● Fill circle completely for the item you are sending. Please note that you may only make ONE selection. If you need to submit additional materials, please use a separate cover sheet for each type of materials.

- Supplemental Questionnaire
- Resume
- Letters of Reference
- Transcripts
- Typing Certificate/Word Processing Certificate
- Professional Licenses
- Professional Certifications
- Veteran's Preference DD214
- Additional Qualifying Information
- Other

Place cover sheet(s) on top of materials and mail to:

San Joaquin County Human Resources Division, 44 N. San Joaquin, Stockton, CA 95202 Suite 330

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