



36267

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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Fill Circles completely for your choices. If a mark lies entirely outside of the circle, it will not be counted. Example My choice A choice not selected

The following section is to help us comply with state and federal Equal Employment Opportunity record keeping and other legal requirements.

Employment shall be based on merit without regard to any protected classes defined by state and federal governing bodies. To help us comply with federal and state Equal Employment Opportunity and other reporting, we invite you to complete the following information. Please note that completion of this information is voluntary. Refusal to complete this information will not subject you to adverse treatment. The information you provide is confidential and will be kept separate from your other applicant information. This information will be used for data reporting purposes and will not be considered when making employment decisions.

Male Female Non-Binary Declined to State

1. To help us carry out our EEO/AA obligations, please indicate whether any of the following definitions apply to you.

VETERAN:

Veterans and unmarried widows and widowers of the veterans of the United States Armed Forces who have been honorably discharged and who have served from 9-16-40 to 12-31-46 or 6-27-50 to 1-31-55, or 8-5-64 to 5-7-75, or, for Persian Gulf War, from the period beginning on 8-29-90, and ending thereafter prescribed by Presidential Proclamation or by law, indicating the termination of the Persian Gulf War, or for those who have served in any expedition of the Armed Forces of the United States for which a medal was authorized shall be credited with a Veteran's Preference.

DISABLED VETERAN:

A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 10 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

INDIVIDUAL WITH A DISABILITY:

A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

2. Please answer below based upon how you identify yourself. We understand that it may be difficult to choose a single ethnic identity if you have a multi cultural heritage. Nevertheless, to comply with legal guidelines, we would like you to choose only one.

White (not of Hispanic origin):

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa which includes people who identify as White, Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent which includes people who identify as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or other Asian such as Burmese, Hmong, Pakistani or Thai.

Hispanic or Latino:

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, such as Moroccan or Belizean.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Native Hawaiian or Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands which includes people who identify as Native Hawaiian, Guamanian or Chamorro, Samoan, Tahitian, Mariana Islander, or Chuukese.

Black or African American:

(not of Hispanic origin): A person having origins in any of the Black racial groups of Africa which includes people who identify as Black, African American, Nigerian, Haitian.

Two or More Races:

A person who identifies as a member of more than one race (i.e. White and Asian, Black and White, White and American Indian and Alaska Native).

Decline To State

A person who elects not to self-identify a race/ethnicity

I first learned of this job opening through (fill only one circle completely):

One of the following Newspapers:

- Stockton Record
- Chronicle
- Job Line
- Via Internet
- Sacramento Bee
- San Jose Mercury
- Interest Card
- Other *
- Modesto Bee
- Jobs Available
- Contact with Human Resources Downtown
- Friend or Relative
- Fresno Bee
- Lodi News - Sentinel
- Contact with County Hospital
- Examiner
- Tracy Press
- County Employee Referral

*Please identify specific Website, publication, TV, radio, organization, group, etc.

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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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Date Received / / Received By Number of Pages(non-blank)

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:

- | | | | | |
|---------------------------------------|-----------------------------|----------------------------------|--|---------------------------|
| <input type="radio"/> Vietnamese | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> N/A |
| <input type="radio"/> Cambodian | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> N/A |
| <input type="radio"/> Laotian | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> N/A |
| <input type="radio"/> Spanish | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> N/A |
| <input type="radio"/> Hmong | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> N/A |
| <input type="radio"/> Other Language: | <input type="radio"/> Speak | <input type="radio"/> Speak/Read | <input type="radio"/> Speak/Read/Write | <input type="radio"/> 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 |
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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 | | | |
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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

FOR HUMAN RESOURCES USE ONLY

Date Received / / Received By Number of Pages (non-blank)