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

Brown  Kathy

Mailing Address
5678 West Mission Street

If necessary, use second line for street:
```

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 to apply online 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
Please help us determine our compliance with State and Federal law by completing this section. The County of San Joaquin is an Equal Opportunity Employer. On a periodic basis the county must report statistical information about applications and employees to the State and Federal governments to demonstrate that we meet equal opportunity requirements. Please note that if you leave the information blank, we have the right to enter data for equal opportunity statistical purposes based upon our visual observation. The information contained within this section will be kept confidential. It will not be used in any way to make any employment decisions.

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.

   ○ 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.

   ○ 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.

   ○ Decline To State
   A person who elects not to self-identify a race/ethnicity

   ○ 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, Somoa, or other Pacific Islands which includes people who identify as Native Hawaiian, Guamanian or Chamorro, Samoan, Tahitian, Mariana Islander, or Chukukese.

   ○ 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).

   ○ 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.

   ○ Decline To State
   A person who elects not to self-identify a race/ethnicity

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.

   ○ Male ○ Female

   ○ 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.

   ○ 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.

   ○ 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.

   ○ 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
   ○ Sacramento Bee
   ○ Modesto Bee
   ○ Fresno Bee
   ○ Examiner
   ○ Chronicle
   ○ San Jose Mercury
   ○ Jobs Available
   ○ Lodi News - Sentinel
   ○ Tracy Press

   ○ Job Line
   ○ Interest Card
   ○ Contact with Human Resources Downtown
   ○ Contact with County Hospital
   ○ County Employee Referral
   ○ Friend or Relative

   ○ Via Internet
   ○ Other *

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

Driver's License: 
- A
- B
- C

License No: 

Expiration Date (mm/dd/yy): / / 

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: / / 

FOR HUMAN RESOURCES USE ONLY

Date Received: / / 

Received By: 

Number of Pages (non-blank): 

- Front Counter
- Fax
- US Mail
- Drop Box
- InterOffice Mail
O Yes  O 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.

O Yes  O No  Can you, after employment, submit proof of your legal right to work in the USA?

O Yes  O No  Are you 18 years of age or over?

Please list language(s) other than English:

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

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

O Yes  O 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  _______ net wpm  Computer Program Certificates  ________________________________________________________________________

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. _____________________________________________________________________________________
2. _____________________________________________________________________________________
3. _____________________________________________________________________________________
4. _____________________________________________________________________________________
5. _____________________________________________________________________________________
6. _____________________________________________________________________________________
7. _____________________________________________________________________________________
8. _____________________________________________________________________________________

Please list language(s) other than English:

- Vietnamese  O  Speak  O  Speak/Read  O  Speak/Read/Write  O  N/A
- Cambodian  O  Speak  O  Speak/Read  O  Speak/Read/Write  O  N/A
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- Hmong  O  Speak  O  Speak/Read  O  Speak/Read/Write  O  N/A
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  O  Speak
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1. _____________________________________________________________________________________
2. _____________________________________________________________________________________
3. _____________________________________________________________________________________
4. _____________________________________________________________________________________
5. _____________________________________________________________________________________
6. _____________________________________________________________________________________
7. _____________________________________________________________________________________
8. _____________________________________________________________________________________
**EDUCATION**

Did you graduate from high school? ○ Yes ○ No

If no, do you possess a GED? ○ Yes ○ No

**College, Graduate, Professional, Business, Trade School**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Major Subject Certificate/Degree Obtained?</th>
<th>Units Completed Sem Qtr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Certificate/Degree Completed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ High School ○ Grad School Year 1</td>
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<td></td>
<td></td>
<td>○ College Year 1 ○ Grad School Year 2</td>
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<td>○ College Year 2 ○ Grad School Year 3</td>
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<td></td>
<td>○ College Year 3 ○ Grad School Year 4</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>○ College Year 4 ○ Grad School Year 5+</td>
<td></td>
</tr>
</tbody>
</table>

**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 "I" (one)

**Highest Grade Completed**

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

**OPTIONAL:** This information may be used for database searches.
**EMPLOYMENT EXPERIENCE**

List all paid and related voluntary experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space, attach a photocopy of this page and include answers to all of the questions asked. **A resume will not be accepted in place of this section.** While volunteer experience is not considered in determining if you meet the minimum qualifications, it may enhance your overall competitiveness for the position.

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Type of business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address</td>
<td>Supervisor’s name</td>
</tr>
<tr>
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<th>Was this a paid position?</th>
<th>Yes</th>
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<th>Yes</th>
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<tbody>
<tr>
<td>Hrs per week:</td>
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<td>Length of employment: Yrs. Mos.</td>
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No. of employees you supervised  
Reason for leaving |

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Are we authorized to contact this employer regarding your employment record?  
☐ Yes  ☐ 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 ___________________________  

Page 8
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)