



38641

County of Marin Employment Application

HUMAN RESOURCES DEPARTMENT
3501 Civic Center Drive, Room 415
San Rafael, CA 94903-4177
An EEO/AA Employer
Website: <http://www.marincounty.org/jobs>



Phone: (415) 473-6104
24-Hour Job Line: (415) 473-7800
TTY: (415) 473-5780

Last Name

First Name MI

Thank you for considering the County of Marin for employment. We appreciate that you have taken the time and effort to submit an application. Working for the County of Marin is both exciting and challenging. Regardless of your specific employment interest, you will provide public service to a local community that is active, diverse and expects high quality service.

The attached application is the initial step in the selection process. Before completing the application, please read these instructions and the job announcement to ensure you submit all the information necessary for the County to evaluate your application. The acceptance of your application depends on whether or not you have clearly shown that you meet the MINIMUM REQUIREMENTS. Please fill out the application completely and correctly so that you will receive full credit for related education and experience. Resumes are not accepted in lieu of any part of the standard or supplemental applications. Do not write 'see resume' as a response to any application questions. Applications must be received in the Human Resources Department no later than 4:00 p.m. on the application deadline date shown on the job announcement. Postmarks are not accepted.

In order to track your application you are required to provide the following information: the first three letters of your last name at birth, the month and day of your birth, and the last four digits of your Social Security Number. **Your application package can not be processed without this information. Any additional materials** (e.g. supplemental application, transcripts, certifications, etc.) **require a completed Document Cover Sheet**, which is included in this packet. Please make a copy of the Document Cover Sheet if you want to submit additional materials at a later date. Make copies of any additional materials you wish to keep before you submit your application. Submitted application materials will not be returned. Use a separate application for each job for which you wish to apply.

You can check on the status of your specific application or any recruitment or apply on-line by accessing our on-line employment center at <http://www.marincounty.org/jobs>.

Your application form and all additional materials will be scanned. In order to ensure that we capture the correct information, all boxes must be completed in either black or blue ballpoint ink, using capital letters and staying within the boxes provided. See the sample below:

Last Name

First Name MI

Mailing Address (please include apartment number)



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Applicant Identification Number

First 3 letters of
Last Name at Birth

Last 4 digits of Social
Security Number

Month of Birth

Day of Birth

EMPLOYMENT APPLICATION

Recruitment Number

 - -

Title of Position

Last Name

First Name

MI

Mailing Address (please include apartment number)

City

State

Zip

Area

Marin County

North Bay

San Francisco

East Bay

All Other California Areas

Outside California

South Bay

Home Phone

 - -

Business Phone

 - -

Ext.

OK to leave message? Yes No

OK to leave message? Yes No

E-Mail Address (Optional) **Provide only if we may contact you primarily via e-mail.** Please write clearly so that we can tell the difference between letters and numbers, e.g., "O" and "0" (zero); "l" or "L" and 1 (one)

TYPE OF EMPLOYMENT (CHECK AT LEAST ONE BOX)

Regular Full-Time

Regular, Part-Time

Extra Hire (Temporary)

Are you currently employed by the County of Marin as a regular (not extra hire)

Yes No

Are there any County departments where you do **NOT** want to work?

Yes No

If Yes, please specify:

NOW AUTHORIZATION

In compliance with a court issued consent decree, may we release your name to the Marin County Chapter of the National Organization for Women (NOW)? Yes No

FOR HUMAN RESOURCES USE ONLY

Date Received

Received By

Number of Pages (not blank)



38641

Please list currently valid certificates of professional or vocational competence, licenses and provide their expiration dates. (Include date of completion if requested on the job announcement flyer.)

Title _____ Issuing Agency _____

Date Issued _____ Provide their Expiration Dates _____ ID# _____

Title _____ Issuing Agency _____

Date Issued _____ Provide their Expiration Dates _____ ID# _____

TRAINING AND/OR SPECIAL SKILLS

Calculator Shorthand wpm Typing nwpm

Multiline Phone System Bookkeeping

Other _____

Computer Experience (type) _____ Software _____

Word Processor Experience (type) _____

Spreadsheet Experience (type) _____

Please describe any additional information including additional training, memberships in professional organizations, certificates/licenses and/or special skills which you possess that you consider relevant to the position for which you are applying.

May we contact your current employer?

- Yes
- No
- Only after contacting me first.

EMPLOYMENT HISTORY: Please list all experience beginning with your current or most recent employer. Include volunteer assignments, on the job training and military service. To list additional employers, copy this page and attach to application.

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk _____			
Position Title	Supervisor Name/Title	Telephone and Area Code		# of People Supervised _____	
				Monthly Salary \$ _____	
Description of Your Duties					

Reason For Leaving					

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk _____			
Position Title	Supervisor Name/Title	Telephone and Area Code		# of People Supervised _____	
				Monthly Salary \$ _____	
Description of Your Duties					

Reason For Leaving					

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk _____			
Position Title	Supervisor Name/Title	Telephone and Area Code		# of People Supervised _____	
				Monthly Salary \$ _____	
Description of Your Duties					

Reason For Leaving					

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk _____			
Position Title	Supervisor Name/Title	Telephone and Area Code		# of People Supervised _____	
				Monthly Salary \$ _____	
Description of Your Duties					

Reason For Leaving					

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk _____			
Position Title	Supervisor Name/Title	Telephone and Area Code	# of People Supervised _____		
			Monthly Salary \$ _____		
Description of Your Duties					

Reason For Leaving					

I hereby certify that the statements in this application are true. I request, authorize and consent to investigation by the County of Marin of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for may result in immediate removal of my application from consideration or immediate discharge from employment arising from this application. I request and authorize the County of Marin to secure information related to this application and my experience, certification and/or licensure from former employers, personal and professional references, educational institutions, and sources of certification or licensing and governmental/judicial agencies. I specifically request, authorize and consent to the County of Marin's thorough investigation of whether I have a record of criminal conviction, and if so, the nature of such criminal conviction and all surrounding circumstances available through lawful means, including providing my fingerprints to the County to facilitate this investigation. The County of Marin has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I request, authorize and consent to the foregoing parties to provide the requested information to the County of Marin and release them and the County of Marin from any liability arising from providing the requested information. I understand that any offer of employment is considered tentative until satisfactorily passing a physical examination, at County expense, prior to the time of actual employment.

I am aware that the County of Marin may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion.

I acknowledge that the term public records as used herein are 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 the County of Marin for employment purposes under Civil Code § 1786.53.
- I hereby elect **not** to receive any public records, which may be obtained by the County of Marin for employment purposes under Civil Code § 1786.53.

Date _____ **Applicant's Signature** _____

Print Name _____

NOTIFY THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY OF ANY CHANGES IN YOUR STATUS AFTER YOU SUBMIT YOUR APPLICATION.

<p>Disclaimer: The provisions of the recruitment announcements do not constitute an expressed or implied contract. Any provision contained in such announcements may be modified or revoked without notice. Questions regarding a recruitment announcement may be directed to the Human Resources Department.</p>	<p>DATE RECEIVED</p>
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