



EMPLOYMENT APPLICATION
Equal Employment Opportunity Employer

FRESNO COUNTY PLAZA, 14th FLOOR
2220 TULARE ST., FRESNO, CA 93721
(559) 600-1830 • www.co.fresno.ca.us

Office Use Only

Accepted Yes No

(Subject to): Ed. Exp. Lic./Cert. Other _____

Date _____ By _____

MUST USE BLUE OR BLACK INK TO COMPLETE APPLICATION

Name: _____
Last First Middle

Mailing Address: _____
Number and Street City State ZIP Code

() _____ () _____ () _____
Home Phone Business/Message Phone Mobile Phone

_____ Notification Preference: Email
Email Address U.S. Mail

JOB TITLE
I am applying for:

Extra-Help - Would you accept extra-help employment? Yes No
Extra-help positions are temporary, not entitled to benefits and serve at the will of the department head.

Previous Name(s) - Have you ever worked under or been known by another name? Yes No
If YES, give name(s) and date(s) used. This information is used in reference checking and record keeping.

Relatives with the County - Are you related by blood or marriage to any person(s) presently employed with Fresno County? Yes No
If YES, give name of relative(s), relationship(s) and County department(s) (County Charter prohibits certain employment to relatives).

Fresno County Employment - Are you now or have you ever been employed by Fresno County? Yes No
If YES, list the position(s), department(s) and date(s) of employment.

Employment Dismissals - Have you ever been discharged from any employment or resigned in lieu of termination? Yes No
If YES, give details.

Veteran's Credits - Do you qualify for credits based on U.S. military service? Yes No
(Credits granted only upon entry into County employment). For Credits: Submit with this application proof of honorable wartime service. Proof must be submitted prior to the recruitment filing deadline. Copies of documents submitted will not be returned.

Citizenship - Are you able to provide proof of your legal right to work in the United States? Yes No

Driver's License - Do you possess a valid driver's license? Yes No

_____ Expiration Date
Driver's License Number State Class (A, B or C)

Special License, Certificate or Registration Requirements (Does not include driver's license):
Show type, date issued, expiration date, license number, and issuing agency.

Selective Service Registration - Federal law requires male U.S. citizens and immigrants residing in the U.S. who are ages 18 through 25 to register with the Selective Service System (SSS). **Prior to Employment, you must provide proof of Selective Service Registration.**

PER-101 (7/15)

ADDITIONAL INFORMATION

Social Security Number: _____ - _____ - _____

Social Security Numbers are used for identification purposes only and will not be provided to the department.

Requested in accord with county policy, state and federal requirements - this information is **voluntary** and **will NOT** be retained with your application, but handled separately and confidentially for statistical purposes.

Please check applicable boxes:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Under 40 40 or over Male Female

How did you hear about this recruitment?

- Fresno County Website Monster.com Careerbuilder.com Other website
- Fresno Bee Other Newspaper Publications Friends/Family
- Current County Employee Other _____

PER-101 (1/18)

APPLICANT MUST COMPLETE REVERSE SIDE

PLEASE READ CAREFULLY

1. A **resume is not acceptable** in lieu of a completed application.
2. Show your **present or most recent** job first.
3. Show **all employment** during the past 15 years (or more, if qualifying or applied experience). Use additional sheets of paper as needed.
4. Use a separate block for **each Job Title** (even those with same employer).
5. Your acceptance depends on the completeness and accuracy of the information that is provided on this application.
6. We are unable to provide a copy of submitted application material.

IMPORTANT: To receive appropriate credit for work experience, date of employment must include month, day and year.

Employer Name: City, State:			Position Title:		
Start Date: MM / DD / YYYY	End Date: MM / DD / YYYY	Supervisor:	Phone Number:		
Primary Duties/Responsibilities (Describe in detail):					Hours worked per week:
Reason for Leaving:					_____

Employer Name: City, State:			Position Title:		
Start Date: MM / DD / YYYY	End Date: MM / DD / YYYY	Supervisor:	Phone Number:		
Primary Duties/Responsibilities (Describe in detail):					Hours worked per week:
Reason for Leaving:					_____

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Start Date: MM / DD / YYYY	End Date: MM / DD / YYYY	Supervisor:	Phone Number:		
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Employer Name: City, State:			Position Title:		
Start Date: MM / DD / YYYY	End Date: MM / DD / YYYY	Supervisor:	Phone Number:		
Primary Duties/Responsibilities (Describe in detail):					Hours worked per week:
Reason for Leaving:					_____

Education - All applicants must complete this section.

High School: Did you graduate from High School or do you possess a G.E.D. High School equivalency Certificate? Yes No

Colleges • Universities • Schools: (Verification of college/university accreditation as well as transcripts and/or diploma may be required)

Give complete information for each College, University or School after High School.

Name	City and State	Major	Total Units	Quarter/Semester	Did You Graduate	Degree Received
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

READ THIS STATEMENT BEFORE SIGNING: Information provided on this application may be verified, including but not limited to, contacting former employers. My signature certifies that every statement I have made in this application is true and complete to the best of my knowledge, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment by Fresno County.

IMPORTANT NOTICE REGARDING EMPLOYMENT: Employment with the County of Fresno does not occur until the Department Head and the County Administrative Officer sign and file a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Until formal appointment is made in this manner, any offers of County employment are conditional and preliminary and may be withdrawn. At time of hire, County employees must meet documentation requirements of the Federal Immigration Reform and Control Act of 1986.

NOTE: We are unable to provide photocopies of submitted applications, resumes and other materials.

My signature hereby certifies agreement with the terms given above for Applicant Release of Employment Information.

SIGN HERE _____ Date _____

DATE STAMP