

EXTRA HELP - COUNTY OF LAKE EMPLOYMENT APPLICATION – EXTRA HELP



COUNTY OF LAKE
 Human Resources Department
 255 N. Forbes Street
 Lakeport, California 95453
 707-263-2213 Fax 707-262-1843
 www.co.lake.ca.us

**Received:
 For Official Use Only:**

An Equal Opportunity Employer

The County is an Equal Opportunity-Affirmative Action Employer providing equal employment opportunity to all regardless of race, color, religion, sex (gender), pregnancy, sexual orientation, marital status, national origin, ancestry, disability (mental and physical, including HIV and AIDS), medical condition (cancer/genetic characteristics), age (40 and above), or other non-merit factor.

INSTRUCTIONS: The preferred method for applying for a County position is online at www.co.lake.ca.us for online job postings. All applications for County examinations must be submitted on the standard County online application form. A properly completed Supplemental Questionnaire must be submitted with each online application. County online applications may be obtained from www.co.lake.ca.us. Completed online application packets must be submitted by the close of business on the final filing date. A separate online application packet must be submitted for each recruitment. The application form must be completed in sufficient detail to allow comprehensive review and evaluation. Acceptability for any examination is based on the information in this application. **An application completed in insufficient detail, without supplemental questionnaire will constitute failure of the initial step of the examination process and the application will be rejected.** An extra help application may be submitted on the standard County application form and will be kept on file for a period of 90 days. The application and attachments once submitted cannot be returned. It is your responsibility to notify the Human Resources Department of any change of address or phone number.

TITLE OF POSITION:	APPLICATION DATE:
EXTRA HELP	/ EXPIRES IN 90 DAYS

PERSONAL INFORMATION

NAME:(Last, First, Middle)

ADDRESS:(Number, Street, City, State, Zip Code)

HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
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DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE NUMBER: State: Number:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
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WHAT TYPE OF JOB ARE YOU LOOKING FOR?

TYPES OF WORK YOU WILL ACCEPT:

SHIFTS YOU WILL ACCEPT:

OBJECTIVE:

EDUCATION

DATES: From: To:	SCHOOL NAME:	
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LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
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MAJOR:	UNITS COMPLETED:
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DATES: From: _____ To: _____	SCHOOL NAME:	
LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:

EXPERIENCE: Please provide enough information to allow for evaluation of your work experience and abilities. List the positions you have held, including relevant volunteer experience, starting with your most recent job. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. **THIS SECTION MUST BE FULLY COMPLETED. A RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTED IN PLACE OF THIS SECTION.**

WORK EXPERIENCE		
DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
ADDRESS: (Number, Street, City, State, Zip Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
ADDRESS: (Number, Street, City, State, Zip Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
ADDRESS: (Number, Street, City, State, Zip Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

Applicant Name: _____

DATES: From: _____ To: _____		EMPLOYER:	POSITION TITLE:
ADDRESS: (Number, Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			

CERTIFICATES AND LICENSES	
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS
OFFICE SKILLS: Typing: Data Entry:
OTHER SKILLS:
LANGUAGE(S):

ADDITIONAL INFORMATION

REFERENCES		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Number, Street, City, State, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

READ THIS STATEMENT BEFORE SIGNING - I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT STATEMENTS MADE ARE SUBJECT TO VERIFICATION AND THAT ANY MISREPRESENTATION, FRAUD, OR OMISSION OF MATERIAL FACTS OR FAILURE TO MEET LEGAL MINIMUM QUALIFICATIONS FOR THIS POSITION WILL BE SUFFICIENT CAUSE TO ELIMINATE ME FROM THE EXAMINATION OR TO INITIATE DISCIPLINARY ACTION INCLUDING DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT A PRE-EMPLOYMENT MEDICAL EXAMINATION OR QUESTIONNAIRE WILL BE REQUIRED. I WILL PROVIDE THE COUNTY VITAL STATISTICS INFORMATION AS MAY BE REQUIRED.

Signature _____

Date _____

APPLICANT'S WITH DISABILITIES: If you require special accommodation during the selection process it is your responsibility to contact the Human Resources Department at (707) 263-2213 during normal business hours. To the extent required by law the Human Resources Department will make reasonable efforts in the examination process to accommodate your disability.

PLEASE COMPLETE THE NEXT PAGE – SUPPLEMENTAL QUESTIONNAIRE

Applicant Name: _____

Agency Wide Supplemental Questions

1. Are you now employed or have you ever been employed by the County of Lake?

- Yes No

2. Are you related to any current employees of the County of Lake (by blood or marriage) or with whom you share a household? If YES, you must provide additional information. The relationship/s above do/es not disqualify you from applying for the position with the County of Lake nor does it enhance your opportunity for employment with the County of Lake. Should you be offered a conditional offer of employment, you may be asked to disclose the nature of the relationship/s to determine your eligibility for that particular department (Refer to Personnel Rule 2200)

- Yes No

3. Write in the name and department of any current employees of the County of Lake to whom you are related (by blood or marriage) or with whom you share a household. Write in NONE if this item is not applicable.

4. Do you have prior military service? If YES, mail or fax your DD214 form (3 years to current) before the closing date of the job posting to the County of Lake Human Resources Department.

- Yes No

5. How did you find out about this job?

- County of Lake website Governmentjobs.com website Newspaper Which Publication? _____
 Lake County Human Resources Department Job Bulletin Posted Where? _____

6. CalPERS RETIREE: Public Employees' Retirement Law (PERL). Assembly Bill (AB) 1028 Government Code (G.C.) sections 21224, 21229, and 21221(h) restricts County employment after retirement.

- Yes, I am a current Retiree of CalPERS receiving retirement benefits
 No, I am not a current Retiree of CalPERS

7. I am interested in my application being considered for Extra Help positions in the following areas/ departments should opportunities be available (please select all that apply).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Circle of Native Minds | <input type="checkbox"/> District Attorney | <input type="checkbox"/> Driver | <input type="checkbox"/> Elections |
| <input type="checkbox"/> Health | <input type="checkbox"/> Bailiff | <input type="checkbox"/> Library | <input type="checkbox"/> Public Services |
| <input type="checkbox"/> Janitor | <input type="checkbox"/> Public Works | <input type="checkbox"/> Parks | <input type="checkbox"/> Maintenance |
| | <input type="checkbox"/> Treasurer/Tax Collector | <input type="checkbox"/> Water/Sewage | <input type="checkbox"/> Other (please specify): |

EXTRA-HELP APPOINTMENT - Any appointment to a limited term position not to exceed 900 hours of employment per fiscal year, whether upon certification from an eligible list or upon authorization to appoint any person who meets the minimum qualifications of the classification. Extra Help employees are not benefits eligible and do not have status. Extra help employment is temporary and may be ended at any time. Extra help applications are typically kept on file for a period not to exceed 90 days.

PLEASE COMPLETE THE FOLLOWING:**The County of Lake is an Affirmative Action Employer.**

To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States government. **This information will be kept separate and confidential and will not be used in any way to make any employment decision.** While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based on our visual assessment.

Please select one of the following options. What is your ethnic origin?

- WHITE (Non-Hispanic or Latino) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN (Non-Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- HISPANIC or LATINO A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ASIAN (Non-Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN or other PACIFIC ISLANDER (Non-Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- TWO or more RACES (Non-Hispanic or Latino) Persons who identify with two or more racial categories named above.
- DECLINE TO STATE If you decline to state, your ethnicity will be recorded for statistical purposes based on physical observation and/or identification documents you presented for verification of employment eligibility.

Please select one of the following options. What is your gender?

- Male
- Female

Please select one of the following options. What is your age range?

- 17 & under
- 18 – 39
- 40 – 65
- 66 & over

HUMAN RESOURCES DEPARTMENT
County of Lake
255 N. Forbes Street
Lakeport, CA 95453

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