



# COUNTY OF VENTURA

Human Resources Division, #L-1970  
800 S. Victoria Ave., Ventura, CA 93009 (805) 654-5129

Dear Applicant:

This letter is to inform you of the **Lateral Transfer Program** for the County of Ventura. This policy allows Ventura County departments and agencies the opportunity to hire fully trained and qualified persons into their organizations.

**In order to be considered for a lateral transfer from another public agency, the following conditions must be met:**

- A. The class to which the individual requests to transfer into requires the same or lesser minimum qualifications as the class in which the individual is currently employed.
- B. The individual has been employed by the other agency for at least one (1) year prior to the date upon which the lateral transfer is requested; the employee must have completed probation in the classification from which he/she is transferring; and, must be currently employed with the transferring agency unless "E" below applies.
- C. The individual achieved employment in the qualifying class as the result of a qualifying or competitive personnel merit system (civil service) examination.
- D. The individual has performed satisfactorily in his/her employment with the other public entity and is not being considered for separation due to misconduct or poor performance.
- E. In those cases where the individual may be laid off due to a reduction in force in the other public entity, the individual must be eligible for re-employment in the class to which transfer is sought.

**To be considered for approval of a Lateral Transfer, you must:**

1. Complete a County of Ventura application and return to: County of Ventura, Human Resources, Dept. #L-1970, 800 S. Victoria Ave., Ventura, CA 93009.
2. Sign the enclosed Authorization for Release of Information, and give that form to your supervisor or personnel representative, along with the Employment Verification form.

Once your supervisor or personnel representative has completed the Employment Verification form (and attached a current job specification for the classification in which you are currently employed), the forms should then be mailed to: County of Ventura, Human Resources, Dept. #L-1970, 800 S. Victoria Ave., Ventura, CA 93009. You will be notified when your name has been placed on a lateral transfer list.

Attachments



**EMPLOYMENT VERIFICATION**

1. List the classifications in which the person held **permanent or probationary** status within the last year and show the employment dates in each:

POSITION/CLASSIFICATION	START/END DATES (MONTH/YEAR)	PROBATION COMPLETED (YES/NO)

2. Was appointment to each position the result of competitive or qualifying examinations?  
Yes  No
3. If "Yes", please describe the type of competitive or qualifying examination the employee underwent for each position/classification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is/was employment record satisfactory? \_\_\_\_\_
6. Would you rehire? \_\_\_\_\_
7. ► **Please ENCLOSE COPIES** of the **JOB SPECIFICATIONS/CLASSIFICATIONS** for each **"POSITION"** that you listed above in question #1.

<b>Printed Name</b>		<b>Signature</b>	
<b>Title</b>		<b>Organization Name</b>	
<b>Date</b>		<b>Phone Number</b>	
<b>Email Address</b>			



# COUNTY of VENTURA

Human Resources

## AUTHORIZATION FOR RELEASE OF INFORMATION

To: Applicant's Current Employer

I request and authorize you to provide the **County Of Ventura – Human Resources Division** with any and all information requested by myself or by the County of Ventura to determine my eligibility for a **Lateral Transfer**. This information may include my confidential employment history and appraisals of my performance.

I hereby release you, your organization, and others, from any liability for damage which may result in furnishing the information requested.

\_\_\_\_\_  
**Signature of Applicant Authorizing Release**

\_\_\_\_\_  
**Date**

**Name of Applicant** (PRINT/TYPE): \_\_\_\_\_

**Current Payroll Classification:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Agency/Department Name:** \_\_\_\_\_

\_\_\_\_\_  
**(Name of person completing form)**

\_\_\_\_\_  
**(Job Title)**

\_\_\_\_\_  
**(Agency/Department Address with City, State, ZIP)**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Email Address**



## Employment Application

County of Ventura  
800 South Victoria Avenue L# 1970  
Ventura, CA 93009

Telephone (805) 654-5129

Fax (805) 654-3610

Information on Health Care Positions (805) 677-5184

Equal Opportunity Employer

Month of Birth \_\_\_\_\_

Day of Birth \_\_\_\_\_

Instructions:

This application is part of the examination process.

Type or print clearly in black ink.

Answer all questions completely and correctly.

Legible photocopies / fax copies are acceptable.

Title of Position \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address (please include apt#)

\_\_\_\_\_

City

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Notification Preference  Paper  Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

<b>Location:</b> I am available to work at the following location(s): <input type="checkbox"/> Ventura <input type="checkbox"/> Thousand Oaks <input type="checkbox"/> Oxnard <input type="checkbox"/> Simi / Moorpark <input type="checkbox"/> Santa Paula / Fillmore <input type="checkbox"/> Port Hueneme <input type="checkbox"/> Camarillo <input type="checkbox"/> Ojai	<b>Shifts:</b> I am available to work the following shift(s): <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Nights	<b>Language:</b> I speak, read and/or write the following language(s): <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Mixteco <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other _____
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<b>Schedule:</b> <input type="checkbox"/> Regular full-time (full benefits) <input type="checkbox"/> Regular part-time (less than 40 hrs. per week - limited benefits) <input type="checkbox"/> Intermittent - full-time/part-time (1664 hrs. maximum - no benefits) <input type="checkbox"/> Extra help - full time/part-time (720 hrs. maximum - no benefits)	<b>Are there any Departments you do <u>NOT</u> wish to work for?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - specify _____ _____
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<b>Employment Eligibility:</b> Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>U.S. Citizenship:</b> Each peace officer must be a citizen of the United States or permanent resident alien who is eligible and has applied for United States citizenship. If applying for this type of position, can you furnish proof of either citizenship or application for citizenship? <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>Are you currently a Ventura County Employee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Status: <input type="checkbox"/> Regular <input type="checkbox"/> Intermittent <input type="checkbox"/> Extra Help <input type="checkbox"/> Other _____ Employee ID# _____
Job Title _____ Dept: _____

Yes  No Are you 18 years of age or older?

Yes  No **Submit a copy of your DD 214 if you are requesting Veteran's Preference** Not all positions are eligible for Veteran's Preference. To receive it, you must have been discharged other than dishonorably within 15 years of the final filing date for this position. Persons retired from military service with a pension are not eligible. Are you applying for Veteran's Preference?

**Typing:** Applicants for jobs requiring typing, please certify skill level:  35 WPM  45 WPM  50 WPM  60+WPM  
(This is subject to verification. You may be required to submit proof upon request.)

**License:** Drivers License Number \_\_\_\_\_ State \_\_\_\_\_  
Expiration Date (Month/Year) \_\_\_\_\_

Is driver license presently restricted, suspended, or revoked?  Yes  No (This information is subject to verification)

Yes  No Are you related by blood or marriage to anyone working for Ventura County? If "Yes" please list:

Name \_\_\_\_\_  
Department \_\_\_\_\_  
Relationship \_\_\_\_\_

**Education:** Applicants may be required to furnish proof of academic training by transcript or diploma.

Highest Grade Completed  1  2  3  4  5  6  7  8  9  10  11  12  
College  1  2  3  4  
Post Graduate Work  1  2  3  4  5  6  7  8

Name of High School Attended \_\_\_\_\_

Did you graduate?  Yes  No If "No", do you have a GED certificate?  Yes  No

College or University	Major/Minor	Units		Type of Degree Obtained		
		Sem	Qtr	2yr	4yr	Doct
				<input type="checkbox"/> Mstr	<input type="checkbox"/> Othr	
				<input type="checkbox"/> Doct	<input type="checkbox"/> Cert	<input type="checkbox"/> Othr
				<input type="checkbox"/> 2yr	<input type="checkbox"/> 4yr	<input type="checkbox"/> Mstr
				<input type="checkbox"/> Doct	<input type="checkbox"/> Cert	<input type="checkbox"/> Othr
				<input type="checkbox"/> 2yr	<input type="checkbox"/> 4yr	<input type="checkbox"/> Mstr
				<input type="checkbox"/> Doct	<input type="checkbox"/> Cert	<input type="checkbox"/> Othr

**Professional License / Certification:** (List those that are required by or pertinent to this application)

Title \_\_\_\_\_ Granting Agency \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Professional License # \_\_\_\_\_

**Machine or Other Special Skills:** (List only those that are pertinent to this application)

\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements and attachments are true to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts on my part may forfeit my participation in the examination process and/or my right to employment, even if discovered after I have become an employee of the County of Ventura

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title of position applied for \_\_\_\_\_

Applicant Name \_\_\_\_\_

**Employment History - Show your most recent position first;** then list all other positions in order, working down from the most recent. Use a separate block for each position held, even within the same organization. List employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets, if necessary. Do not use entries as "See Resume" in place of completing this section

**Present / Most Recent Position**

Dates of Employment From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_ Ave # hrs worked/wk \_\_\_\_\_

Title \_\_\_\_\_  Please check if you feel this experience applies to this job

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Mailing Address \_\_\_\_\_

May we contact this employer  Yes  No

Contact Person's Name \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_

**Next Previous Position**

Dates of Employment From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_ Ave # hrs worked/wk \_\_\_\_\_

Title \_\_\_\_\_  Please check if you feel this experience applies to this job.

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Mailing Address \_\_\_\_\_

May we contact this employer  Yes  No

Contact Person's Name \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_

**Next Previous Position**

Dates of Employment From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_ Ave # hrs worked/wk \_\_\_\_\_

Title \_\_\_\_\_  Please check if you feel this experience applies to this job.

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Mailing Address \_\_\_\_\_

May we contact this employer  Yes  No

Contact Person's Name \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_

**Employment Questionnaire:**

Applicants are asked to voluntarily provide the following information in accordance with County, State and Federal requirements. It is for **statistical purposes** and will not be retained with your application

Position applied for \_\_\_\_\_

Ethnicity:

- White** (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
- Black / African American** (All persons having origins in any of the black racial groups of Africa)
- Native Hawaiian / Other Pacific Islander** (All persons having origins in any of the peoples of Hawaii, Guam Samoa, or other Pacific Islands)
- Asian** (All persons having origin in any of the original peoples of the Far East, Southeast Asian or the Indian subcontinent)
- American Indian / Alaskan Native** (All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition)
- Hispanic / Latino** (All persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)

Gender     Male     Female

Age Group     Under 21     21-29     30-39     40-49     50-59     60 and over

**Applicants with Disabilities:** Do you have any physical condition(s) or limitation(s) which will require **special testing arrangements**?

(Please be prepared to provide documentation.)

Yes     No

**Desired Accommodation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How Did you Learn about this Job:**

- Ventura County Employment Opportunities List, Job Announcement, or Contact with a Human Resources Department
- A newspaper or other publication (specify) \_\_\_\_\_
- Contact with a Ventura County Department (other than Human Resources)
- An organization of group (specify) \_\_\_\_\_
- A friend or relative
- Other (specify) \_\_\_\_\_
- Internet Site (specify) \_\_\_\_\_