Employment Application

County of Ventura
800 S. 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 of 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 Pro	eference R Paper Email:
Home Phone	Other Phone	Extension -
Location: I am available to work at the following location(s): O Ventura O Oxnard O Simi / Moorpark O Santa Paula / Fillmore O Camarillo O Ojai	O Evenings O Rotating Shifts O Nights	OAmerican Sign Language Other
Schedule: O Regular full-time (full benefits) O Regular part-time (less than 40 hrs. per week O Intermittent - full-time/part-time (1664 hrs. ma O Extra help - full time/part-time (720 hrs. maxir	C - limited benefits) aximum - no benefits)	O Yes - specify
Can you, after employment, submit verification of your legal	.S. Citizenship: Each peace officer must be a esident alien who is eligible and has applied for the of position, can you furnish proof of either to No	United States citizenship. If applying for this citizenship of application for citizenship?
Are you currently a Ventura County Employee: Check Status: ORegular OIntermittent Job Title	: O Yes O No O Extra Help O Other	Employee ID#

O Yes O No	Are you 18 years of age or older?							
O Yes O 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?							
	or jobs requiring typing, please certify skil ject to verification. You may be required t		_	45 WPM (50)	WPM 🔿 60+WPM			
License: Drivers Lice	ense Number		State	e				
	ate (Month/Year) presently restricted, suspended, or revok	rad?	O Yes O No	(This information i	is subject to verification)			
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
O Yes O No Name	Are you related by blood or marriage t	•	•	ounty? If "Yes" pleas	ee list:			
Department Relationship								
	riminal Convictions: Have you ever bee yes, complete and submit a "Form A" (av							
Education: App	licants may be required to furnish proof o	f academi	training by transcript	of diploma.				
Highest Grade Comp College Post Graduate Work	O 1 O 2 O 3 O O 1 O 2 O 3 O	4	5 O 6 O		O 10 O 11 O 12			
Name of High School Did you graduate?	O Yes O No	If "No" do	you have a GED certi	ificate? O Yes	s O No			
Did you graduate?	O Tes O NO	II INO , uc	you have a GED cert					
	College or University		Major/Minor	Units Sem Qtr	Type of Degree Obtained			
					2yr 4yr Mstr Doct Cert Othr			
					O 2yr O 4yr O Mstr			
					Doct Cert Othr 2yr 4yr Mstr Doct Cert Othr			
Professional Li	cense / Certification : (List those that ar	e required	by or pertinent to this	application)	10 2000 0000			
Title			Granting Agency					
Expiration Date			Professional Lice	nse #				
Machine or Other S	pecial Skills: (List only those that are per	rtinent to th	nis application)					
omissions of ma	tatements and attachments are true to the terial facts on my part may forfeit my part I have become an employee of the Coun	ticipation ir	the examination proc		-			
Signature		Date	Title o	f position applied for	r			

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 though with 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 F	Recent Posi	tion				
Dates of Employr	ment	From (mm/dd/yy)			Ave # hrs worked/wk	
Title				O Please check if you feel this experience applies to this joint		
Duties						
Name of Employe	er			Reason for Leaving		
Mailing Address						
			,	May we contact this employer	O Yes O No	
			,	Contact Person's Name		
Salary	\$		/mo.	Contact Person's Phone Numb	er	
Next Previous P	osition					
Dates of Employr		From (mm/dd/yy)		To (mm/dd/yy)	Ave # hrs worked/wk	
					eel this experience applies to this job	
Duties					or the experience applied to this job	
Duties						
Name of Employe	or .			Reason for Leaving		
Mailing Address						
Mailing / Address	-			May we contact this employer	O _{Yes} O _{No}	
				Contact Person's Name	- 165 - NO	
Salary	<u>¢</u>		/mo.	Contact Person's Phone Numb	or	
	φ		/1110.	Contact Person's Phone Numb		
Next Previous P		- ((11/)		- / / / / /		
Dates of Employr		From (mm/dd/yy)			Ave # hrs worked/wk	
				Please check if you fe	eel this experience applies to this job	
Duties						
Name of Employe	er			Reason for Leaving		
Mailing Address						
				May we contact this employer	O Yes O No	
				Contact Person's Name		
Salary	\$		/mo.	Contact Person's Phone Numb	er	

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 app	lied for							
Ethnicity:								
<u>Lumoity.</u>	O White / All	nersons having ori	ains in any of the (original peoples of F	Jurone North Africa	or the Middle East)		
	O White (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East) O Black / African American (All persons having origins in any of the black racial groups of Africa)							
	Native Hawaiian / Other Pacific Islander (Any person 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							
	_			s having origins in a tribal affiliation of co		oples of North American n)		
	•	Latino (All persor rdless of race	ns of Mexican, Pue	rto Rican, Central o	r South American, c	or other Spanish culture or		
<u>Gender</u>	O Male (> Female						
Age Group	O Under 21	O 21-29	O 30-39	O 40-49	O 50-59	O 60 and over		
		Do you have any բ ovide documentati	•	or limitation which w	ill require special te	esting arrangements?		
C	Yes ON	0						
Desired Acc	commodation:							
How Did yo	u Learn about th	is Job:						
C	Ventura County	Employment Oppo	ortunities List, Job	Announcement, or (Contact with a Huma	an Resources Department		
_		other publication (·		
O Contact with a Ventura County department (other than Human Resources)								
O An organization of group (specify)								
C	A friend or relati	ve						
_	Other (specify)							
C	Internet Site (sp	ecify)						