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.

C. The individual achieved employment in the qualifying class as the result of a qualifying orcompetitive 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.

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 via email when your name has been placed on a lateral transfer list.

Attachments

COUNTY of VENTURA
Human Resources

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.

Printed Name		**Signature**	
Title		**Organization Name**	
Date		**Phone Number**	
Email Address			

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**

COUNTY of VENTURA

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 _____ - _____ Email: _____

Home Phone _____ - _____ - _____ Other Phone _____ - _____ - _____ Extension _____

Location:
I am available to work at the following location(s):
- ☐ Ventura
- ☐ Oxnard
- ☐ Santa Paula / Fillmore
- ☐ Camarillo
- ☐ Thousand Oaks
- ☐ Simi / Moorpark
- ☐ Port Hueneme
- ☐ Ojai

Shifts:
I am available to work the following shift(s):
- ☐ Days
- ☐ Evenings
- ☐ Nights
- ☐ Weekends
- ☐ Rotating Shifts

Language:
I speak, read and/or write the following language(s):
- ☐ Spanish
- ☐ Tagalog
- ☐ American Sign Language
- ☐ Other _____
- ☐ Vietnamese
- ☐ Mixteco

Schedule:
- ☐ Regular full-time (full benefits)
- ☐ Regular part-time (less than 40 hrs. per week - limited benefits)
- ☐ Intermittent - full-time/part-time (1664 hrs. maximum - no benefits)
- ☐ Extra help - full time/part-time (720 hrs. maximum - no benefits)

Are there any Departments you do NOT wish to work for?
- ◯ No
- ◯ Yes - specify

_____

_____

Employment Eligibility:
Can you, after employment, submit verification of your legal right to work in the United States?
- ◯ No
- ◯ Yes

U.S. Citizenship: 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?
- ◯ No
- ◯ Yes

Are you currently a Ventura County Employee: ◯ Yes ◯ No

Check Status: ◯ Regular ◯ Intermittent ◯ Extra Help ◯ Other _____ Employee ID# _____

Job Title _____ Dept: _____

(rev. 05.22.26)

◯ 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 Sem	Units Qtr	Type of Degree Obtained
				◯ 2yr ◯ 4yr ◯ Mstr ◯ Doct ◯ Cert ◯ Othr
				◯ 2yr ◯ 4yr ◯ Mstr ◯ Doct ◯ Cert ◯ Othr
				◯ 2yr ◯ 4yr ◯ Mstr ◯ Doct ◯ Cert ◯ 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 ◯ Nonbinary

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) _____

EQUAL EMPLOYMENT OPPORTUNITY

The County of Ventura is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding, and related medical conditions), and sexual orientation.