

AMADOR COUNTY Sheriff's Office APPLICATION FOR EMPLOYMENT

Date Received:

700 Court Street, Jackson, CA 95642-9534 • Telephone: (209) 223-6500

INSTRUCTIONS: This application must be submitted (Typed or in ink) to the Amador County Sheriff's Office or emailed to **amadorsoweb@amadorgov.org**. A separate application must be submitted for each position for which you wish to apply. Acceptability for any interview or examination is based on the information in this application. An application completed in insufficient detail or in pencil will be rejected. The application and attachments once submitted cannot be returned. It is your responsibility to notify the Amador County Sheriff's Office of any change of address. Resumes may be attached but will not be accepted in lieu of any portion of the standard Sheriff's Office application.

EXACT TITLE OF POSITION	FOR WHICH YO	U ARE APPLYING	•			
TYPE OF EMPLOYMENT:	Full Time	Part-Time	Limited Duration	Extra Help		
NAME (First)		(Middle)		(Last)		
MAILING ADDRESS		(C	ity)	(State)	(Zip)	
PHONE Home: Busin	ness:	Mobile:	Er	nail:		
READ FUL	LY AND RESPO	ND TO THE FOLLO	WING QUESTIONS):	Yes	No
1. Can you, after offer of employn	nent, submit verifica	tion of the legal right t	o work in the U.S?			
2. I authorize the employers and e information they have concern						
3. Have you ever been discharge service, or have you ever resign discharge or forced resignation	ned upon request to	avoid discharge? Given	e name and address o	f employer, date of		
4. Have you ever been employed	by the Amador Cou	ınty Sheriff's Office? I	YES, give details in ite	em 10.		
5. Do you have a valid driver's lice	ense to operate a m	otor vehicle in Califor	nia?			
State Type of Lie	Э.	No.	Expiration Date			
6. Do you have any relations by blood or marriage employed by the Amador County Sheriff's Office (Amador County policy prohibits certain employment to relatives.) If YES, give name(s) and relation in item 10.						
7. Have you ever been convicted from your response: (1) Any pre records have been judicially ord misdemeanor conviction for whicase has been dismissed; (4) a concerning a quantity of 28.5 gr	etrial or post-trial refo dered sealed, expun ich probation has be ny marijuana posse	erral to diversion prog ged or statutorily erac een successfully comp ssion convictions occi	rams; (2) any convictio licated, such as juvenile lleted or otherwise disc urring more than two ye	ns for which the e records; (3) any harged and the		
8. As part of the Amador County any potential offers of employm investigation <i>including but not</i> etc?	nent from the Sheriff	rs Office, you will be r	equired to undergo a b	ackground		
9. Are you currently out on bail or	on your own recogr	nizance pending trial o	on criminal charges?			
10. SPACE BELOW IS PROVIDED FOR AN EXPLANATION IF NECESSARY, OF ITEMS 3, 4, 6, 7, 9, or to list any special skills or training.						
For Sheriff's Office USE ONL	Y:	Application	Accepted?	Yes	No	
If application is rejected, for	what reason?	Incomplete	Late			
Insufficient Experience	ce Ins	sufficient Education	Other:			

EDUCATION AND EXPERIENCE

Please read the Minimum Qualifications described in the job announcement carefully before completing the sections below. The information you provide will allow us to determine whether you meet the Minimum Qualifications. Resumes CANNOT be substituted for completing the sections below in their entirety.

EDUCATION: Do you possess a High School Diploma or G.E.D.?: Yes

N	0

Name & Location of High School, College, University, or Trade School	Major Area of Stud	dy	Completed Units (✓ to indicate semester or quarter units)		e Received	Date Completed
Name Location		# of units	Semester Quarter	Yes	No	
Name Location		# of units	Semester Quarter	Yes	No	
Name Location		# of units	Semester Quarter	Yes	No	
Ce	Certificates of Training, Licenses, or Professional Registration					
Description: De		Date Issued:	Date Issued:		Registration #:	
Description: Da		Date Issued:		Registration #:		

^{*} Please list any additional training, licenses or professional registration on an attached sheet or resume.

If this position requires typing, please indicate speed:

EXPERIENCE: Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.

Period of Employment	Job Title and Most In	nportant Duties	Employer Contact Information		
FROM: / /	JOB TITLE:	No. Supervised:	EMPLOYER:		
To: / /	DUTIES:		Address:		
TOTAL: YR. MO. FULL-TIME PART-TIME			City State SUPERVISOR: PHONE NO.: REASON FOR LEAVING:	e Zip	
FROM: / / TO: / / TOTAL: YR. MO. FULL-TIME PART-TIME	JOB TITLE: DUTIES:	No. Supervised:	EMPLOYER: ADDRESS: City State SUPERVISOR: PHONE NO.: REASON FOR LEAVING:	e Zip	
FROM: / / TO: / / TOTAL: YR. MO. FULL-TIME PART-TIME	JOB TITLE: DUTIES:	No. Supervised:	EMPLOYER: ADDRESS: City State SUPERVISOR: PHONE NO.: REASON FOR LEAVING:	e Zip	

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FROM: / / TO: / / TOTAL: YR. MO. FULL-TIME PART-TIME	JOB TITLE: DUTIES:	No. Supervised:	EMPLOYER: ADDRESS: City State Zip SUPERVISOR: PHONE NO.: REASON FOR LEAVING:
FROM: / / TO: / / TOTAL: YR. MO. FULL-TIME PART-TIME	JOB TITLE: DUTIES:	No. Supervised:	EMPLOYER: ADDRESS: City State Zip SUPERVISOR: PHONE NO.: REASON FOR LEAVING:

REFERENCES

I hereby authorize representatives of the Sheriff's Office to contact (unless noted in Section #2, page 1), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for Sheriff's Office employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to Amador County Sheriff's Office.

REFERENCE No. 1 (NAME):				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	
REFERENCE No. 2 (NAME):				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	
REFERENCE No. 3 (NAME):				
Address (Mailing):		City:	State:	Zip:
Phone (Home):	Business:	Mobile:	Email:	

CERTIFICATE OF APPLICANT

Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of the Amador County Sheriff's Office. I further agree to be fingerprinted, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required.

Signature: Date:

Amador County Sheriff's Office is an Equal Opportunity Employer

How did you find out about us?	County Website	Amador Ledger	Sac Bee	Post.ca.gov
	Monster.com	Buy & Sell Press	Craig's List	Other:

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Amador County Sheriff's Office is asking all applicants to <u>voluntarily</u> complete this form in order to comply with federal Equal Employment Opportunity law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program. This information is solicited on a <u>VOLUNTARY</u> basis and will <u>NOT</u> be used to make any decision about your eligibility, selection, or employment. <u>This information will be detached from the application</u> and will only be available to authorized personnel, and only for research and statistical purposes. It will <u>NOT</u> have any effect upon your application.

Name :			Posit	ion applying fo	or:		
GENDER	☐ Female	☐ Male					
AGE	□ Under 18	□ 18-20	□ 21-29	□ 30-39	□ 40-49	□ 50-59	□ 60+
ETHNIC O	RIGIN:						
-	ethnic categories have nly for the ethnic categ			loyment Opportu	ınity Commissioı	n (EEOC). Pleas	se check
peoples of	n Indian or Alaska North and South An attachment.	•		•		•	•
Asia, or the	l ot Hispanic or Latir Indian Subcontiner nd Vietnam.			-			
☐ Black or of Africa	African American (Not Hispanic or	Latino) – A pe	erson having o	rigins in any o	f the black rac	ial groups
-	c or Latino – A perso origin regardless of r		exican, Puerto	Rican, South o	r Central Ame	rican, or othei	r Spanish
	lawaiian or Other P Hawaii, Guam, Sam	-	-	or Latino) – A ¡	person having	origins in any	of the
☐ White (N East, or No	Not Hispanic or Lati rth Africa.	no) – A person I	naving origins	n any of the o	riginal people:	s of Europe, th	ne Middle
☐ Two or I races	More Races (Not Hi	spanic or Latino) – All persons	who identify	with more tha	n one of the a	bove four