



County of San Benito

EMPLOYMENT APPLICATION INSTRUCTIONS

Please read first ...

- Equal Opportunity Employer -
Women, Minorities and Disabled Encouraged to Apply

San Benito County is committed to Equal Employment Opportunity, diversity, and compliance with the Americans with Disabilities Act. Our commitment includes providing a respectful working environment that is free from harassment and discrimination in the workplace. This commitment is made by San Benito County in accordance with applicable federal, state, and local laws and regulations.

The County offers many challenging and rewarding career opportunities as well as competitive salaries, benefits, and career mobility.

This application is the initial part of the recruitment procedure for County job vacancies. Incomplete or illegible applications may be disqualified.

A Supplemental Questionnaire is required for many San Benito County jobs. Please attach this questionnaire to your application if it is required.

1. The County of San Benito accepts employment applications **only** for positions that are currently open for recruitment. For information about jobs currently available, contact our 24-hour job hotline on (831) 636-4004, visit the self-service job desk in the lobby of the Human Resources Department, or visit our Website at: <http://www.san-benito.ca.us/employment/>.
2. Read the recruitment announcement thoroughly before you apply. Job announcements contain special instructions and requirements. Apply for the position only if you feel reasonably certain that you meet the minimum requirements.
3. Do not substitute a resume or other application form for this application. Resumes may be attached only for additional information. Do not modify or edit application materials in any way or your application will be disqualified.
4. Print clearly in dark ink or type. Give complete and accurate information. Clearly state your qualifications. All questions must be answered; however, if a question does not apply to you, enter "N/A."
5. Complete a separate application for each position.
7. You must personally hand deliver, mail, or fax your completed and signed application by the posted deadline to:

San Benito County Human Resources Department
481 4th Street, 1st Floor
Hollister, CA 95023

If you fax the application, you must follow up immediately by sending a signed hard copy to Human Resources.

8. Your application and all attachments become the property of the Human Resources Department and cannot be returned. Work samples, letters of recommendation, and the like should **not** be submitted with the application. You may take such materials with you to an actual employment interview.
9. The County of San Benito accepts photocopied applications. However, original signatures and current dates are required. Therefore, the following suggestions are made:
 - A. Complete all spaces on the application form except the job title, signature, and date spaces.
 - B. Photocopy the employment application.
 - C. When you find a job in which you are interested in applying, take a photocopy, complete the job title, signature, and date spaces and submit in accordance with the directions on the job announcement.

County of San Benito EMPLOYMENT APPLICATION

San Benito County Human Resources Department
481 4th Street, Hollister, California 95023
- Equal Opportunity Employer -

Application No.

For County HR Use Only				
	Received	MQ	Eligibility List	Inactive
Date		<input type="checkbox"/> Yes		
Initials		<input type="checkbox"/> No		

www.san-benito.ca.us Please read the employment application instructions carefully before proceeding. Thank you.

Position Applied For (Listed on the recruitment announcement): *	Availability Information
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(Use exact title listed on recruitment announcement)	Earliest Date You Can Report to Work
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Personal Information	Check TYPE(S) of work you will accept:
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Last Name	First Name	Middle Initial	<input type="checkbox"/> Permanent Full-Time (with full benefits) <input type="checkbox"/> Permanent Part-Time (less than 40 hrs / wk) <input type="checkbox"/> Limited Term (ends when project is complete) <input type="checkbox"/> Intermittent or On-Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work / Weekends / Holidays
Mailing Address (Street or P.O. Box)		E-Mail Address	
City	State	Zip Code	
Social Security No. **			
Home Phone () -	Work Phone () -	<input type="checkbox"/> Message <input type="checkbox"/> Cell <input type="checkbox"/> Pager	I first learned of this recruitment from: <input type="checkbox"/> Pinnacle News <input type="checkbox"/> Free Lance News <input type="checkbox"/> Jobs Available <input type="checkbox"/> County Job Hotline <input type="checkbox"/> Walk-in (County HR Office) <input type="checkbox"/> County Web Site <input type="checkbox"/> Trade/Technical/Professional Magazine <input type="checkbox"/> County Employee <input type="checkbox"/> Other (please specify below):
Driver's License Number	Class	Expiration Date (mm/dd/yr)	
Name of Person to Contact in Case of Emergency		Emergency Contact Phone No. () -	
CURRENT COUNTY OF SAN BENITO EMPLOYEES			
Department	Job Class Title		

Employment Eligibility	Comments/Explanation *
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1. Can you perform all the essential work functions as described in the job announcement for this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If you are under the age of 18, can you submit a work permit after an offer of employment has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you submit documents that verify your U.S. citizenship or right to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you have any relatives employed by the County of San Benito? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you related to any current member of the Board of Supervisors? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been convicted of a felony, misdemeanor, or court martial on or after your 18th birthday, of which you were sentenced and/or placed on probation? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you been convicted of a moving violation within the past five (5) years? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever been discharged, other than layoff or honorary discharge from the military, or forced to resign from a position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Explain any "yes" answers to questions marked with an asterisk. A yes answer is not necessarily disqualifying; each is considered on its individual merits and job relatedness. Make additional comments on a separate sheet of paper, if necessary.

Licenses / Registration / Certificates

List any required or professional licenses, registration, certificates, etc. that you possess.

Description	State	Number	Expiration
			- -
			- -
			- -

** Your Social Security Number is optional; however, it will assist us in processing your application.
 \\Admcd\groups\Personnel\Job Flyers\sbc_employment_application.doc

Education and Training Summary

Check highest level completed: 5 or less 6 7 8 9 10 11 12 AA/AS BA/BS MA/MS Doctorate

Did you graduate from high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of High School Attended
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If NO, do you have a G.E.D., California High School Proficiency Certificate, or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City & State of High School Attended
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Name and Location of Vocational or Trade School, College, University	Course of Study (Major)	Credits Earned	Type of Hours Completed	Did you graduate?	Degree or Certificate Received
1.			<input type="checkbox"/> Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Clock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			<input type="checkbox"/> Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Clock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Clock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Clock	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If hired, can you submit proof of education in the form of a transcript or copy of a diploma for all educational requirements specified in the recruitment announcement? Yes No

Second Language Skills

Do you have the ability to communicate fluently in a language other than English? If YES, what language(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speak	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialized Skills and Knowledge

List and describe fully any skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, equipment or machinery operation, etc. Attach additional sheet(s) if necessary.

Employment History - Detailed

*** A RESUME WILL NOT SUBSTITUTE ***

The information you provide on the following pages will be used primarily to evaluate whether you meet the minimum qualifications listed in the recruitment announcement. Starting with your current or most recent job, list all your jobs (paid or volunteer or military experience) for the last ten years (or whatever period of time you have worked, if less than 10 years). If you gained any of the qualifying experience more than 10 years ago, be sure to include those jobs as well.

- ❖ If you held more than one position with the same employer, list duties and time spent for each position as a separate job in the employment history section.
- ❖ Clearly describe all of your duties. Indicate the percentage of time you spent doing the duties that qualify you for this job.
- ❖ Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.
- ❖ If your hours vary, indicate the average number of hours worked per week. Do not give a range of time (i.e. 20-30 hrs) or "varies".
- ❖ Complete each box. A resume will not substitute for the completion of the employment history section. If you do not provide all the information in the "Employment History" section, no credit will be given for that job. If you need additional space to list job duties, attach a separate sheet, clearly identifying the job number you are describing.
- ❖ Copy the "Employment History" page if you need to list more jobs.

JOB NUMBER 1 *

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
Machines/Equipment You Used:		<input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters			
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					%

JOB NUMBER 2

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
Machines/Equipment You Used:		<input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters			
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					100%

JOB NUMBER 3

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
		Machines/Equipment You Used:	<input type="checkbox"/> Assigning & Reviewing Work	<input type="checkbox"/> Hiring	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Recommending Hiring	<input type="checkbox"/> Handling Disciplinary Matters
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					%

JOB NUMBER 4

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
		Machines/Equipment You Used:	<input type="checkbox"/> Assigning & Reviewing Work	<input type="checkbox"/> Hiring	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Recommending Hiring	<input type="checkbox"/> Handling Disciplinary Matters
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					100%

JOB NUMBER 5

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
		Machines/Equipment You Used:	<input type="checkbox"/> Assigning & Reviewing Work	<input type="checkbox"/> Hiring	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Recommending Hiring	<input type="checkbox"/> Handling Disciplinary Matters
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					100%

JOB NUMBER 6

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for):		
		Machines/Equipment You Used:	<input type="checkbox"/> Assigning & Reviewing Work	<input type="checkbox"/> Hiring	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Recommending Hiring	<input type="checkbox"/> Handling Disciplinary Matters
Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).					% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					%

JOB NUMBER 7

Mo/Yr - - From:	Mo/Yr - - To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: _____ Years Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for): <input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters		
Machines/Equipment You Used:		Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).			% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					100%

JOB NUMBER 8

Mo/Yr - - From:	Mo/Yr - - To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: _____ Years Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for): <input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters		
Machines/Equipment You Used:		Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).			% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:					100%

JOB NUMBER 9

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for): <input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters		
Machines/Equipment You Used:		Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).			% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:				100%	

JOB NUMBER 10

Mo/Yr ____ - ____ From:	Mo/Yr ____ - ____ To:	Your Job Title	Name of Employer		
Average Hours Per Week:		Supervisor's Name & Phone Number	Employer's Street Address		
Total Service: ____ Years ____ Mos.		Nature of Business	City	State	Zip Code
Last Monthly Salary \$ _____		No. of employees you supervised:	Supervision / Lead Work (Check the areas you were responsible for): <input type="checkbox"/> Assigning & Reviewing Work <input type="checkbox"/> Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Recommending Hiring <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Matters		
Machines/Equipment You Used:		Job Duties: (List all duties you performed and estimate the amount of time spent on each. No credit will be given if this section is not complete).			% of Time
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
Reason(s) for Leaving:				100%	

Certification & Signature

Note: Read carefully before signing.

I understand that any verbal or written statement that is false, fraudulent, or misleading that is contained in this application or attached materials, or made in the course of any employment-related process, whether made by me or others at my request, will result in rejection of my application, denial of employment, or dismissal from employment and/or prosecution if discovered after employment.

- ❖ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ❖ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ❖ I authorize the County of San Benito to check my employment references and to verify the employment and education information provided on this employment application and as disclosed during the interview process.
- ❖ I authorize my driving record to be checked if the position for which I am applying requires driving.
- ❖ You may be asked to submit to a pre-employment drug test, a pre-employment medical examination, a credit history check, a criminal history background check, and/or other tests as mandated by federal, state, or local law, or by the County of San Benito as a condition of employment, if applicable.
- ❖ I release the County of San Benito and all providers of information from any liability as a result of furnishing and receiving any information related to the County of San Benito's hiring process.
- ❖ I understand that if I am hired, I will be required to take an Oath of Office.

Signature

Date

KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

RETURN THIS APPLICATION BY THE CLOSING DATE TO:

Human Resources · County of San Benito · 481 4th Street · Hollister, California 95023

Fax #: 831.636.4010

If you send a fax, you must follow up with a signed hard copy in the mail.

Upon your request, the County of San Benito will make reasonable accommodations during the applicant testing and selection process. If you have a disability, which may require special testing arrangements, you must contact the Human Resources Department at (831) 636-4000 prior to your scheduled examination.

PLEASE MAKE SURE YOU HAVE INCLUDED ALL OF THE REQUIRED ITEMS, AS INDICATED ON THE RECRUITMENT BULLETIN, FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE. MANY POSITIONS REQUIRE A SUPPLEMENTAL QUESTIONNAIRE.

THANK YOU FOR YOUR INTEREST IN JOBS WITH THE COUNTY OF SAN BENITO, CALIFORNIA.

To further its commitment to Equal Opportunity Employment, San Benito County is requesting applicants to voluntarily provide the following information for research and statistical purposes only. The information will be detached from the application.

COUNTY OF SAN BENITO EQUAL EMPLOYMENT QUESTIONNAIRE

For HR Use Only:	Application No.
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To further its commitment to Equal Opportunity Employment, San Benito County is requesting applicants to voluntarily provide the following information for research and statistical purposes only. The information will be detached from the application.

Position Applied For: (Use exact title listed on recruitment announcement):		Date: (m/d/yr)
Sex:	Age Group:	Ethnic Group:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> 17 or under <input type="checkbox"/> 18 - 20 <input type="checkbox"/> 21 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 60 or over	<input type="checkbox"/> American Indian or Alaska Native <i>(All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition).</i> <input type="checkbox"/> Asian or Pacific Islander <i>(All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipines, and Samoa).</i> <input type="checkbox"/> Black <i>(Not of Hispanic origin: All persons having origins in any of the Black racial groups).</i> <input type="checkbox"/> Hispanic <i>(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.)</i> <input type="checkbox"/> White <i>(Not of Hispanic origin: All persons having origin in any of the original people of Europe, North Africa, or the Middle East).</i> <input type="checkbox"/> Mixed or Other <i>(Please explain):</i>

Are there any accommodations you require in conjunction with the application or testing process? (It is not necessary that you identify or describe the disability). <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the accommodations which you require below: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>

Thank you for completing this questionnaire. Please return to Human Resources with your completed employment application.