

EMPLOYMENT APPLICATION

Eff. 07/01/2025



Yuba County
915 8th Street
Suite 129
Marysville, California - 95901
www.yuba.gov

Date Received:

INFORMATION OF POSITION APPLYING FOR:

POSITION TITLE:

Job Type (Full Time; Extra Help; etc.):

BASIC INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

PRIMARY TELEPHONE NUMBER:

SECONDARY TELEPHONE NUMBER:

EMAIL ADDRESS:

DO YOU POSSESS A VALID DRIVER'S LICENSE?

Yes No

DRIVER'S LICENSE NUMBER:

DRIVER'S LICENSE STATE:

DRIVER'S LICENSE CLASS:

EDUCATION

HIGHEST YEAR OF EDUCATION COMPLETED:

LESS THAN 8

8

9

10

11

12

DID YOU GRADUATE FROM HIGH SCHOOL, RECEIVE A GED, OR EQUIVALENT? Yes No

LIST ANY DEGREES RECEIVED OR IN PROGRESS:

SCHOOL NAME	LOCATION (CITY & STATE)	MAJOR	DEGREE	UNITS COMPLETED
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CERTIFICATES AND LICENSES

Type of Training:	Institution:	Certification, Accreditation, or License:
Type of Training:	Institution:	Certification, Accreditation, or License:
Type of Training:	Institution:	Certification, Accreditation, or License:

SKILLS

OTHER SKILLS (*10-Key, Typing Skills, Short Hand, Dictation, Notary, etc.*):

LANGUAGE(S) (*IDENTIFY SPEAK, READ, WRITE*):

SUPPLEMENTAL INFORMATION

LIST ANY ADDITIONAL EXPERIENCE (VOLUNTEER, INTERNSHIPS, ETC.)

WORK EXPERIENCE*I HAVE NO PREVIOUS EXPERIENCE* **MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER?** Yes No**WHEN LISTING YOUR WORK EXPERIENCE, BEGIN WITH YOUR CURRENT OR MOST RECENT EXPERIENCE. LIST WORK HISTORY AND OTHER PERTINENT EXPERIENCE IN THE SPACE PROVIDED BELOW. FAILURE TO LIST WORK EXPERIENCE OR STATING, "SEE RESUME" WILL BE CONSIDERED AN INCOMPLETE APPLICATION AND SUBJECT TO REJECTION. RESUMES SHOULD BE ATTACHED TO A COMPLETE APPLICATION.****EMPLOYER # 1**

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:
DUTIES:		
REASON FOR LEAVING:		

EMPLOYER # 2

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:
DUTIES:		
REASON FOR LEAVING:		

EMPLOYER # 3

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:
DUTIES:		
REASON FOR LEAVING:		

EMPLOYER # 4

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:
DUTIES:		
REASON FOR LEAVING:		

EMPLOYER # 5

POSITION TITLE:	
ADDRESS: (Street, City, State/Province, Zip Code)	COMPANY URL:
SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:
DUTIES:	
REASON FOR LEAVING:	

REFERENCES

REFERENCE #1

REFERENCE NAME:		REFERENCE JOB TITLE:	
REFERENCE TYPE: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL	PHONE NUMBER:	EMAIL:	
ADDRESS:			
CITY;	STATE:	ZIP CODE:	

REFERENCE #2

REFERENCE NAME:		REFERENCE JOB TITLE:	
REFERENCE TYPE: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL	PHONE NUMBER:	EMAIL:	
ADDRESS:			
CITY;	STATE:	ZIP CODE:	

REFERENCE #3

REFERENCE NAME:		REFERENCE JOB TITLE:	
REFERENCE TYPE: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL	PHONE NUMBER:	EMAIL:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	

REFERENCE #4

REFERENCE NAME:		REFERENCE JOB TITLE:	
REFERENCE TYPE: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL	PHONE NUMBER:	EMAIL:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	

Agency - Wide Questions

1. Are you over the 18 years of age?
 Yes No
2. Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?
 Yes No
If yes, please explain fully:
3. Are you now or have you previously been employed with the County of Yuba as a permanent, probationary, or temporary employee?
 Yes No
4. If you have been a previous employee at the County of Yuba, please provide name employed under, job title, department, part-time/full-time, and dates of employment:
5. Can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?
 Yes No
6. Are you related by blood or marriage to any person presently employed by the County of Yuba?
 Yes No
7. If you have a relation, please provide the employees name, relationship and the department they work in. If this does not apply, please type "NA":
8. Are you able to perform the essential functions of this position, with or without reasonable accommodation?
 Yes No
9. Are you fluent in a language other than English?
 Yes No
10. If you are fluent in a language other than English, you must specify the foreign language(s) in order to qualify for a bilingual position. Please specify if you speak, read, and/or write in the language. If this does not apply, please type "NA".
11. Do you claim Veteran's Credit (Veteran's, Disabled Veteran's and Widows of Veteran's)? If "YES", attach a copy of your DD214 or other authorized proof of service with this application.
 Yes No

12. I first learned of this job opening through (please check one):

- | | | | | |
|--|--|--|---|--|
| CAREERS IN GOVERNMENT <input type="checkbox"/> | NEWSPAPER <input type="checkbox"/> | JOB FAIR/ DEPARTMENT OUTREACH <input type="checkbox"/> | SOCIAL MEDIA PLATFORMS <input type="checkbox"/> | CALJOBS <input type="checkbox"/> |
| GOVERNMENT JOBS <input type="checkbox"/> | BUSES <input type="checkbox"/> | ONE-STOP <input type="checkbox"/> | COUNTY WEBSITE <input type="checkbox"/> | COUNTY EMPLOYEE <input type="checkbox"/> |
| JOBS AVAILABLE <input type="checkbox"/> | INDEED <input type="checkbox"/> | PRISM <input type="checkbox"/> | MMANC.ORG <input type="checkbox"/> | |
| WESTERN COUNTY <input type="checkbox"/> | ICMA NEWSLETTER <input type="checkbox"/> | COUNTY & STATE <input type="checkbox"/> | COLLEGE BOARDS <input type="checkbox"/> | POST <input type="checkbox"/> |
| CORRECTIONS 1 <input type="checkbox"/> | POLICE 1 <input type="checkbox"/> | OTHER <input type="checkbox"/> | | |

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

PLEASE COMPLETE BOTH PARTS OF THIS FORM. THIS INFORMATION IS VOLUNTARY AND GATHERED IN ACCORDANCE WITH STATE AND FEDERAL LAWS FOR THE PURPOSE OF EVALUATION OF THE EFFECTIVENESS OF OUR EQUAL EMPLOYMENT OPPORTUNITY POLICY AND RECRUITMENT EFFORTS.

THIS INFORMATION WITH NOT BE USED FOR EMPLOYMENT DISCUSSIONS.

ETHNICITY:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> WHITE (NOT HISPANIC OR LATINO) | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> HISPANIC OR LATINO | <input type="checkbox"/> ASIAN (NOT HISPANIC OR LATINO) |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN | <input type="checkbox"/> TWO OR MORE RACES (NOT HISPANIC OR LATINO) | <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> OTHER: |

GENDER:

- FEMALE** **MALE**

DISABILITIES:

- NONE** **HEARING** **SIGHT** **SPEECH** **OTHER:**

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RECRUITMENT SELECTION PROCESS ACKNOWLEDGEMENT:

PLEASE VISIT WWW.YUBA.GOV/JOBS AND REVIEW THE "FREQUENTLY ASKED QUESTIONS" ABOUT THE RECRUITMENT PROCESS.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE APPLICANT RECRUITMENT DETAILS, INCLUDING THE POSSIBLE STEPS OF THE RECRUITMENT AND SELECTION PROCESSES FOR THIS COMPETITIVE RECRUITMENT.

SUPPLEMENTAL QUESTIONNAIRE	PHONE SCREENING	ONE-WAY VIDEO INTERVIEW	PERFORMANCE EXAM	IN-BOX EXERCISE	QUALIFICATIONS APPRAISAL PANEL
WRITTEN EXAM	SPEED INTERVIEW	APPRAISAL PANEL	PERSONAL HISTORY STATEMENT (PRE-REVIEW)	DEPARTMENT INTERVIEWS	

CANDIDATE INITIALS: _____

RELEASE PROVISIONS:

DISABLED APPLICANTS:

The County will make reasonable accommodations in the exam process to accommodate disabled applicants. To request an accommodation during the recruitment process you must complete the Applicant Accommodations Request by the Final Filing Deadline. Failure to submit this request and authorization by the FINAL FILING DEADLINE may result in the County being unable to provide the requested accommodation(s).

CERTIFICATE OF APPLICANT (READ THIS CAREFULLY BEFORE SIGNING) REQUIRED:

I hereby declare under penalty of perjury, that all statements made on or in connection with this application, including those regarding my training and experience are true and complete. I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I understand and accept that any employment with the County of Yuba is contingent upon successful completion of a thorough reference check, a related pre-placement medical review/examination, which may include drug testing, and my furnishing documentation evidencing employment authorization in accordance with the Immigration Reform and Control Act of 1986 (IRCA). A background investigation, including fingerprinting, will be required for all positions. I understand and agree that employment with the County of Yuba does not occur until successful completion of all employment procedures, including necessary documentation and clearance of medical and background as relevant. Until formal appointment is made in this manner, any offers of employment are conditional and preliminary and may be withdrawn by the County.

I hereby request, authorize and consent to the release of information to Yuba County regarding my previous and/or current employment for the purpose of evaluating my suitability for employment. I authorize my current and former employers(s) and/or personal references, further identified as Responding Party, to provide to the County all information requested regarding my employment record, character, general reputation, personal characteristics including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records, including any records which were sealed as part of a settlement; reliability and any incidents of dishonesty, insubordination, violence and/or unsafe behavior; harmful or threatening behavior including information based upon materials in my personnel file. I authorize the release of such information regardless of any agreement, instructions or representations I may have previously made with Responding Party to the contrary. I further authorize Responding Party or its agents to answer whether they would be willing to rehire me. In addition, I authorize Responding Party to release the contents of and/or to provide a photocopy of my entire personnel file, if requested by Yuba County, including all documents sealed pursuant to any settlement agreement or stipulation, and all application information including questionnaires, interviews, education transcripts and polygraph examination results. I further authorize the disclosure of all records which, as an employee, I would have or did have access under Labor Code Section 1198.5.

I hereby release and forever discharge and hold harmless all parties involved, including officers, employees, or related personnel, both individually and collectively, from any and all liability, claims, demands and causes or action, of whatever kind or nature which may arise at any time from requesting or furnishing the requested information for purposes of evaluating my suitability for employment. Specifically, Responding Party will not be subject to any civil liability for any relevant cause of action by virtue of releasing information identified above in compliance with California Civil Code Section 47 as amended.

Again, I acknowledge that I have carefully read and understand this release and agree to its provisions. This waiver and release will expire one year after the date signed. A photocopy of this Waiver and Release is to be considered as valid as an original.

Signature_____

Date_____