

## THE APPLICATION and EXAMINATION PROCESS

**APPLICATIONS:** Applications for employment are accepted only during a time of recruitment. When a final filing date is indicated, a completed "Lassen County Application for Employment" form must be received by the Personnel Department before 5:00 PM of the closing date. The application must be filled out completely and clearly show that the minimum requirements are met. Applicants are invited to submit a letter of interest and professional resume **in addition** to the completed application.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION.** An applicant's acceptability for any examination must be based on the information on his/her application. An application and attachments, once submitted, cannot be returned. Thorough background investigations will be conducted prior to employment.

**ALCOHOL/DRUG TEST, MEDICAL, and/or FINGERPRINT REQUIREMENTS:** Some County positions shall have a pre-employment Alcohol/Drug test. (A diluted specimen will be considered a positive reading). A medical screening may be required before appointment to a position. Fingerprinting will be required for certain positions within the County.

**EQUAL OPPORTUNITY:** The County of Lassen is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

**STATEMENT of ECONOMIC INTERESTS:** Employees in designated positions will be required to file a "Statement of Economic Interests" in compliance with the State of California Conflict of Interest Code. In addition, as per Gov. Code 3102 a signed Constitutional Oath of Office will be required for all County employees.

**SELECTION PROCESS:** All applicants who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process, rather, the county reserves the right to determine the number of best qualified applicants that may continue the process. The process may include, but is not limited to, one or more of the following: application review, competitive screening, written examination, performance examination and/or oral examination as well as the probationary period.

**PROBATIONARY PERIODS:** If hired, you will serve a "Probationary Period." This "job tryout" is the last part of the examination and lasts 12 months. Discharge for any non-discriminatory reason may be made during this period without right to appeal.

**AFFIRMATIVE ACTION:** Information relating to complaints of discrimination and the County's Affirmative Action Program are available on request.

**DISABLED APPLICANTS** who require special testing arrangements should contact the Personnel Department prior to the filing deadline.

**THE PROVISIONS OF THIS BULLETIN DO NOT CONSTITUTE AN EXPRESSED OR IMPLIED CONTRACT; ANY PROVISIONS HERIN MAY BE MODIFIED OR REVOKED WITHOUT NOTICE.**



# COUNTY OF LASSEN

We are an Equal Opportunity Employer that values the strength of a Diverse Workplace

Please use a typewriter or print in ink. This application must be completed in full. All statements will be subject to verification.

1. POSITION APPLYING FOR (Give Exact Title as Listed on Job Bulletin) 2. Promotional (If Appropriate)

3. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

4. Telephone:  
Home: \_\_\_\_\_  
Work, cell or message \_\_\_\_\_  
(Please circle one option)  
Email address: \_\_\_\_\_

5. Mailing Address (If you move, notify the Personnel Dept. of your new address & telephone number)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Please check the type, area and shift which you will accept. Check at least one in each category. Do not check those which you are not sure you are willing to accept. (Employees are subject to reassignment during employment.)

TYPE OF JOB		AREA			SHIFT		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Susanville	<input type="checkbox"/> Westwood	<input type="checkbox"/> Bieber	<input type="checkbox"/> Days 8-5	<input type="checkbox"/> Swing	<input type="checkbox"/> Nights
<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	<input type="checkbox"/> Ravendale	<input type="checkbox"/> Standish		<input type="checkbox"/> Rotating	<input type="checkbox"/> Weekends	

7. U.S. Military Record- For Veteran's Preference  
Branch of Service: \_\_\_\_\_ Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**COPY OF DD-214 MUST BE ATTACHED TO APPLICATION FOR VETERAN'S PREFERENCE**

8. Are you now employed with Lassen County as a permanent or Probationary employee?  YES  NO

9. Are you now employed with Lassen County as an Exempt or Extra Help employee?  YES  NO

10. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  YES  NO

**IF YOU RESPOND "YES" TO QUESTIONS 11 or 12 BELOW, YOU MUST EXPLAIN YOUR RESPONSES IN DETAIL ON AN ATTACHED SHEET.**

11. Have you previously been employed by the County of Lassen?  YES  NO

12. Have you ever been fired or forced to resign from previous employment? Explain the circumstances and list dates.  YES  NO

<p>13. Language Ability - Please check those that indicate your ability (Optional)</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Understand <input type="checkbox"/> Understand</p> <p><input type="checkbox"/> Speak <input type="checkbox"/> Speak</p> <p><input type="checkbox"/> Read &amp; Write <input type="checkbox"/> Read &amp; Write</p>	<p>14. Do you possess a valid Driver's License? YES NO</p> <p>CLASS "A" Number: _____</p> <p>CLASS "B" Number: _____</p> <p>CLASS "C" * Number: _____</p> <p>* Standard Driver's License</p>
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<p>15. Computer Proficiency (If more space is needed, attach additional sheet)</p> <p>Computer Skills</p> <p><input type="checkbox"/> Word Processing _____</p> <p><input type="checkbox"/> Spreadsheet _____</p> <p><input type="checkbox"/> Database _____</p> <p><input type="checkbox"/> Programming _____</p> <p>Names of Programs _____</p> <p>Keyboarding Words Per Minute _____</p>	<p>16. Title &amp; Number of other licenses, certificates or other credentials, if required for this examination.</p> <p>Title: _____</p> <p>License _____</p> <p>Certificate or _____</p> <p>Other Credentials: _____</p> <p>Number: _____ Exp. Date: _____</p>
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17. Education (Check Highest Grade Completed)

High School: 8 9 10 11 12 G.E.D. College: 1 yr. 2 yr. 3 yr. 4 yr.

Graduate Work? YES NO

COLLEGES/UNIVERSITIES ATTENDED	LOCATION	UNITS COMPLETE		MAJOR SUBJECT	DEGREE	NUMBER OF YEARS ATTENDED
		SEM	QTR			

**Applicant Name:** \_\_\_\_\_

**Resumes will not be accepted in place of a completed application, they may be attached in addition to Employment Application.**

**18. EMPLOYMENT HISTORY:**

You should respond **completely** to the information requested in this section and attempt to cover all the requirements listed in the examination announcement. Show employment for at least last 10 years and explain any gaps in time. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates etc. Additional sheets should be attached to this application when necessary to fully describe related experience, training, and education.

Name of Employer:			Telephone No.:		
Address of Employer: (Street, City, State & Zip)					
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:		Job Title:	
From: / / To: / /					
Total Months	Hours per Week	Name and Title of your Supervisor:	May We Contact This Employer? YES NO		
Hourly	Weekly	Monthly	Reason for Leaving:		
Salary:					
Name of Employer:			Telephone No.:		
Address of Employer: (Street, City, State & Zip)					
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:		Job Title:	
From: / / To: / /					
Total Months	Hours per Week	Name and Title of your Supervisor:	May We Contact This Employer? YES NO		
Hourly	Weekly	Monthly	Reason for Leaving:		
Salary:					
Name of Employer:			Telephone No.:		
Address of Employer: (Street, City, State & Zip)					
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:		Job Title:	
From: / / To: / /					
Total Months	Hours per Week	Name and Title of your Supervisor:	May We Contact This Employer? YES NO		
Hourly	Weekly	Monthly	Reason for Leaving:		
Salary:					
Name of Employer:			Telephone No.:		
Address of Employer: (Street, City, State & Zip)					
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:		Job Title:	
From: / / To: / /					
Total Months	Hours per Week	Name and Title of your Supervisor:	May We Contact This Employer? YES NO		
Hourly	Weekly	Monthly	Reason for Leaving:		
Salary:					

**19. CERTIFICATE OF APPLICANT (Read Carefully Before Signing)**

I hereby certify that all statements made in this application are true and correct. I understand that this application will be used in determining my qualifications to advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand any mis-statement or omission of material fact on this application will cause forfeiture, on my part, of all rights of employment with Lassen County. I further agree to be fingerprinted, submit to an Alcohol & Drug test and/or a complete medical examination and to furnish such proof of meeting the conditions of employment as may be required.

I understand the County may check my credit or other public records. By marking this box, I request to review copies of these records if they are obtained.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COUNTY OF LASSEN AUTHORIZATION TO RELEASE INFORMATION

I have applied for a position with Lassen County. I understand and agree that part of the employment decision process is an investigation and verification of information I have provided or will provide in my application for employment and during my employment interviews. I understand that these investigations will be conducted by Lassen County and/or its authorized agents to assist Lassen County in determining my qualification for the position I am seeking.

I request and authorize you to furnish the County of Lassen, or its designated representatives, any and all personnel records and information, whether or not such information is maintained by you in writing that you may have including my work record, performance evaluations, and disciplinary matters. Such information shall include but not be limited to all of the circumstances surrounding any termination/cessation of my employment with you or with any other employer. This release shall supersede any agreement I might have with you to not disclose information concerning my employment.

I release and hold harmless you, your officers, and employees, the County of Lassen and its officers and employees from any and all liability and damage, which may result from furnishing the information requested above.

This authorization is a continuing one; if I am hired by Lassen County, it shall remain in effect during the entire period of my employment and may be used by Lassen County at any time it deems appropriate.

I further agree that a copy of this release may be treated as conveying the same authority as the signed original.

*Applicant's Name* (please print): \_\_\_\_\_

*Applicant's Signature*: \_\_\_\_\_

Date: \_\_\_\_\_

Position Sought: \_\_\_\_\_

**COUNTY OF LASSEN**  
**APPLICANT CHARACTERISTICS QUESTIONNAIRE**

The information requested on this portion of the form is voluntary, and will assist Lassen County in evaluating its recruitment program and in accurately compiling required statistical reports for Federal and State agencies. This will be detached from your application and will be kept separate and confidential. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (*Check one or more*)

- A newspaper or magazine advertisement.  
Specify Which: \_\_\_\_\_
- A Job Announcement posted at: \_\_\_\_\_
- A Notification Card filed with the Personnel Department.
- An employee referred me. (Employee's name \_\_\_\_\_)
- If you learned about this job from some other source, please indicate here:  
\_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

A. Sex     Male     Female

B. Age:     17 & under     18 – 39     40 & over

C. Ethnic Origin:

- 1.  White - *Caucasians, Anglo-Saxons*
- 2.  Black - *African Descent, Jamaican, Trinidadian, West Indian*
- 3.  Hispanic - *Mexicans, Chicanos, Latin Americans, Puerto Ricans, Cubans, or Spanish Descent*
- 4.  Asian or Pacific Islander - *Chinese, Japanese, Korean*
- 5.  American Indian or Alaskan Native
- 6.  Filipino

D. Do you have a disability?

- Hearing - (*50% or more loss in both ears*)
- Speech
- Sight - (*Use of eyeglasses which permit normal vision is excluded*)
- Impairment due to amputation, loss of functions, or coordination
- Other (*Specify*): \_\_\_\_\_

## APPLICATION CHECK SHEET

- ❑ Did you complete your application? Resumes will be accepted **only** in addition to a completed application. Job information must be on the application. An incomplete application will not be accepted.
- ❑ Did you indicate the type of job, area, and shift you are willing to accept?
- ❑ If you answered YES to questions 11 or 12 **DID YOU EXPLAIN YOUR RESPONSE IN DETAIL ON AN ATTACHED SHEET?** “Yes” answers do not automatically bar you from further consideration, but they must be explained.
- ❑ Did you describe in your application materials how you meet the minimum qualifications for the position?
- ❑ Did you submit any required additional documents? Any required attachments (e.g. DMV driving record printout, supplemental questionnaires, photocopies of POST certifications) must be included for your application to be considered complete.
- ❑ Did you staple all of your application materials together
- ❑ Did you sign and date your application
- ❑ Did you meet the deadline? Applications received after a filing deadline will not be accepted. (applications may be faxed, a mailed copy should follow) (postmarks will be accepted within two days of filing deadline)

### Mail your application package to:

Lassen County Personnel Department  
221 South Roop Street, Ste. 3  
Susanville, CA 96130

Phone: (530) 251-8320  
FAX (530) 251-2663  
WEB SITE <http://lassencounty.org>