



# Employment Application

County of Mono  
P.O. Box 696  
Bridgeport, CA 93517

## Mono County Human Resources APPLICATION CHECK LIST

- Did you complete the entire 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 for which position you are applying?
- Did you provide any required explanations for "yes" answers?
- Did you submit any required additional documents (as requested on the job flyer)?
  - DMV printout
  - Supplemental questionnaire
  - Photocopies of professional licenses
  - Equipment experience attachment (Public Works)
  - Educational transcripts
  - Other
- Did you attach all of your application materials together?
- Did you sign and date your application?
- Did you meet the deadline? Faxed and emailed applications will be accepted only if the signed original is postmarked by the final filing date.

### **For Public Safety Officer and Deputy Sheriff Positions, please mail your application package to**

Mono County Sheriff's Department  
P.O. Box 616  
Bridgeport, CA 93517

### **For all other positions, please mail your application package to:**

Mono County Human Resources  
P.O. Box 696  
Bridgeport, CA 93517  
Fax: (760) 932-5411  
Email: [hr@mono.ca.gov](mailto:hr@mono.ca.gov)

Prospective Mono County employees are subject to a post-offer physical exam and a background check. Fingerprinting and alcohol/drug testing will be required for certain positions.

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 and the Mono County Conflict of Interest rules.

Mono County is an equal opportunity employer, observing Federal, State and Local laws by not discriminating on the basis of non-job related factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual identity, expression, or preference.

Disabled applicants may request reasonable accommodations in testing arrangements by contacting the Human Resources Department prior to the filing deadline.



# Employment Application

County of Mono  
P.O. Box 696  
Bridgeport, CA 93517

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability (for which we make reasonable accommodations), or any other legally protected status. However, an incomplete application will not be considered.

**(PLEASE PRINT)**

Last Name		First Name		Middle Name	
Position(s) Applied For				Date of Application	
How Did You Learn About Us?		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Other	
<input type="checkbox"/> Relative					
Physical Address		City		State	
				Zip Code	
Mailing Address		City		State	
				Zip Code	
Telephone	Daytime	Evening	Cell Phone	Email Address:	
Driver's License Number:	Class:	State:			

Are you under 18 years of age?  Yes  No  
 If yes, can you provide a work permit?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date

Have you ever been employed with us before?  Yes  No  
 If Yes, give date

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you legally authorized to be employed in this country?  
 (Proof of citizenship or visa status will be required upon employment.)  Yes  No

On what date would you be available for work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you physically able to perform the essential requirements of the job for which you are applying, with or without reasonable accommodations? (An interactive process after offer is used to determine any reasonable accommodation needed)  Yes  No

Are you requesting a reasonable accommodation per the  Yes  No

--

**MONO COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

	High School					Undergraduate College/University				Graduate/ Professional				Trade or Other			
<b>School Name, city, state</b>																	
<b>Circle Years Completed</b>	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
<b>Did you graduate?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Diploma/Degree</b>																	
<b>Major</b>																	
Describe any specialized training, apprenticeship, skills and training in the military																	
Describe any honors you have receive																	
Describe any extra-curricular, volunteer, or leadership experiences during your education and training.																	

**CERTIFICATIONS additional training (attach copies):**

Name of License & Number:	Issuing Agency:	State:	Date Exp:
Name of License & Number:	Issuing Agency:	State:	Date Exp:
Name of License & Number:	Issuing Agency:	State:	Date Exp:
Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**List professional, trade, business or civic activities and offices held.**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

--

**REFERENCES**

Give name, relationship, address, email, and telephone number of three work related references
1.
2.
3.



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Include all employment for a minimum of 7 years.

Employer		Dates Employed		Work Performed/Achievements
		From	To	
Mailing Address, City, State, Zip				
Telephone number:		Email		
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		<b>Starting</b>	<b>Final</b>	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving:				

Employer		Dates Employed		Work Performed/Achievements
		From	To	
Mailing Address, City, State, Zip				
Telephone number:		Email		
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		<b>Starting</b>	<b>Final</b>	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving:				

Employer		Dates Employed		Work Performed/Achievements
		From	To	
Mailing Address, City, State, Zip				
Telephone number:		Email		
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		<b>Starting</b>	<b>Final</b>	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving:				

Employer		Dates Employed		Work Performed/Achievements
		From	To	
Mailing Address, City, State, Zip				
Telephone number:		Email		
Job Title	Immediate Supervisor	Hourly Rate/Salary		
		<b>Starting</b>	<b>Final</b>	
Immediate Supervisor's Title	Immediate Supervisor's Phone #			
Reason for Leaving:				

If you need additional space, please make additional copies of this page.

# APPLICANT'S STATEMENT

I certify that answers given herein, as well as all attached documents are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 60 days, and that if I wish to be considered for employment beyond that time period, I should inquire as to whether or not applications are being accepted at a later time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

I understand that false or misleading information given in this application, supporting materials, or interview(s) may disqualify me from further consideration and if employed may result in discharge or other disciplinary measures. I understand, also, that I am required to abide by all rules and regulations of Mono County.

This application must be completed to qualify for consideration.

Attachments will be accepted with, but not in place of, a completed application.

I understand that Mono County will accept faxed or emailed applications only to the fax number or email address shown on the first page of this application. However, in order for the application to be considered complete, I must mail a signed original with a postmark no later than the advertised final filing date.

All applications who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process. Mono County reserves the right to determine the number of best qualified applicants that may continue in 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.

Signature of Applicant

Date

---