

Butte County Air Quality Management District Application for Employment

Please Print or Type Legibly:

Position:					
First Name		Middle Name		Last Name	
Mailing Address (Street, City, State, Zip Code)					Home Phone #
Driver's License #	State	Class	Expiration Date	Alternate Phone #	

(Some positions require possession of a valid California Driver's License).

Have you ever used or been known by another name? Yes No If yes, please list: _____

Based on the enclosed job description, would you be able to perform the essential functions of the position with or without reasonable accommodation? Yes No

EMPLOYMENT ELIGIBILITY VERIFICATION - (failure to complete this section will disqualify you from further consideration)

A. Are you a citizen or national of the United States? Yes No

B. Are you an alien lawfully admitted for permanent residence? Yes No

C. Are you an alien authorized by the Immigration or Naturalization Service to work in the United States? Yes No

CONVICTIONS/CRIMINAL OFFENDER BACKGROUND CHECKS: - All applicants who are offered a position of employment with the Butte County Air Quality Management District may be fingerprinted and must submit to a criminal background check prior to employment. Please note that failure to disclose a relevant conviction that is later discovered in the background check process is grounds for automatic disqualification from continuing in the recruitment process. If you are unsure whether this applies to you, you may consider contacting an attorney. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Do not include: (a) Any arrest or detention that did not result in conviction, (b) Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated, (c) Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, (d) Any arrest for which a pretrial or post-trial diversion program has been successfully completed, (e) Traffic violations under \$500.00, or (f) Convictions more than two years old for violation of the Health and Safety Code Sections 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as related to marijuana.

A. Other than the exceptions noted above, items A through E, have you ever been convicted as an adult of a crime? Yes No
If yes, please attach a statement explaining: (1) the nature of the crime(s), (2) when and where convicted, and (3) the disposition of the case.

B. Have you been arrested for and charged with a crime for which you are currently out on bail or on your own recognizance pending trial? Yes No

LANGUAGE SKILLS - Indicate language skills or specialized communication skills in which you possess sufficient fluency to serve as an interpreter (both oral and written):

REFERENCES - List three (3) people who are not related to you and are not previous employers.

Name	Phone	Address	Occupation	Years Known

EDUCATION & TRAINING

1. Are you a high school graduate? Yes No
2. If "no", have you taken a G.E.D. test? Yes No
3. Have you been successful on a high school proficiency test? Yes No
4. Name and location (City, State) of high school attended: _____

Special Training Subject	Agency	Completed Yes/No	Professional Registration/Title	Number	Expiration Date
Name & Location of College	Major Subject	# of Units	List Degree Earned	Graduate?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE

Begin with your present or most recent position. List all jobs separately. Explain any gaps in employment over 3 months. You may attach a resume but be sure to include all information requested below. Use additional sheets if more space is necessary.

May we contact your current employer?

Yes No

(Mo./Yr.)- To (Mo./Yr.)	Employer (Business or Agency Name)	Position/Title
Total Time (Yrs./Hrs)	Address, City, State, Zip Code	Supervisor's Name & Phone #
Duties:		
Annual Salary:	Reason for leaving:	
(Mo./Yr.)- To (Mo./Yr.)	Employer (Business or Agency Name)	Position/Title
Total Time (Yrs./Hrs)	Address, City, State, Zip Code	Supervisor's Name & Phone #
Duties:		
Annual Salary:	Reason for leaving:	
(Mo./Yr.)- To (Mo./Yr.)	Employer (Business or Agency Name)	Position/Title
Total Time (Yrs./Hrs)	Address, City, State, Zip Code	Supervisor's Name & Phone #
Duties:		
Annual Salary:	Reason for leaving:	

CERTIFICATION BY APPLICANT

I HEREBY CERTIFY that all statements made in this application are complete and true. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date. I consent to investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

Applicant's Signature _____

Date _____

For Office Use: DO NOT WRITE IN THIS SPACE, FOR PERSONNEL USE ONLY.

	Yes	No
Registration/License	_____	_____
Typing Speed _____ Certificate	_____	_____
Minimum Qualifications	_____	_____
Education	_____	_____
Experience	_____	_____

Reviewed by: _____ | Date: _____