

Butte County Extra Help Job Application

3 COUNTY CENTER DRIVE, OROVILLE, CALIFORNIA 95965-3387

Telephone: (530) 552-3552 - Fax: (530) 538-7790

TTY (For Hearing Impaired Only): (530) 538-6833

Website: www.buttecounty.net/humanresources/

Email: personnel@buttecounty.net

(Form Revision Date: 06.20.19)

INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION. Failure to provide any of the required information will result in the rejection of your application. Only applications with a revision date of 06/20/19 or later will be accepted. This application is the first step in the recruitment examination process, and in some instances, it may be the only criteria utilized in developing the list of eligible applicants. The information that you furnish will be used to determine your qualifications. Butte County is not responsible for lost or misdirected applications.

Job applications will be accepted via fax or email, in addition to the standard paper format. If an application is emailed, it must be signed and scanned into an attachment (Adobe pdf file only). All applications must be signed. Butte County may require an original signature on a submitted application at any point during the recruitment/hiring process.

Check off each bullet item below as you complete the item.

- Qualifications for the classification outlined in the job announcement were met.
- Application is legible. Illegible, incomplete, or unsigned (**digital signatures are not accepted**) applications will be rejected without review.
- A separate original Butte County Job Application was completed for each position for which you applied.
- Application was typed or printed using blue or black ink.
- A complete list of work experience, including experience which relates to the specific minimum qualification requirements stated in the job announcement.
- A resume was attached (encouraged, but not required).
Resumes will not be accepted in place of a properly completed Butte County Job Application.
Do **NOT** use "See Resume" or similar expressions for any of the requested information.
- Completed **ALL PAGES** of the application.
- Signed, dated, and submitted application (email, fax, in person, mail).

Butte County is an equal opportunity employer. All qualified applicants will be considered for employment without regard to race, color, national origin, religion, disability, sex, or sexual orientation. Any person with a disability who needs accommodation during any phase of the recruitment process is encouraged to contact the Department of Human Resources in advance. Verification of disability may be required prior to accommodation.

BUTTE COUNTY

DEPARTMENT OF HUMAN RESOURCES

EXTRA HELP JOB APPLICATION

DEPARTMENT OF HUMAN
RESOURCES DATE STAMP



1. POSITION			
3. NAME First		Middle Initial	Last
4. STREET ADDRESS (city, state, zip)			
5. MAILING ADDRESS (city, state, zip) <small>(If different from above)</small>			
6. HOME PHONE <small>(include area code)</small>		7. MESSAGE PHONE <small>(include area code)</small>	8. EMAIL
9. COUNTY EMPLOYMENT			
A. If you are currently employed at Butte County, in what capacity are you employed? Regular-Help <input type="checkbox"/> Extra-Help <input type="checkbox"/>			
B. Have you ever been previously employed by Butte County? Yes <input type="checkbox"/> No <input type="checkbox"/>			
C. Have you worked for Butte County under another name, what name? _____			
D. Have you ever been previously employed by a CalPERS agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. CALIFORNIA DRIVER'S LICENSE: Some positions may require possession of a California Driver's License.			
Do you have a valid California Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> Class: _____ Expiration Date: _____			
11. 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 <input type="checkbox"/> No <input type="checkbox"/>			
B. Are you an alien lawfully admitted for permanent residence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
C. Are you an alien authorized by the Immigration or Naturalization Service to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
12. CONVICTIONS/CRIMINAL OFFENDER BACKGROUND CHECKS:			
All applicants who are offered a position of employment with the County of Butte may be fingerprinted and must successfully pass a criminal background check prior to employment. Please check the box below acknowledging that you have read and understand this requirement.			
Acknowledgment <input type="checkbox"/>			
13. LANGUAGE SKILLS: Indicate languages in which you possess sufficient fluency to act as an interpreter (oral and written).			

FOR DEPARTMENT OF HUMAN RESOURCES' USE ONLY

<input type="checkbox"/> Entered into ATS	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not Qualified
Entered By: _____	<input type="checkbox"/> Experience	<input type="checkbox"/> Education/not related
Reviewed By: _____	<input type="checkbox"/> Incomplete/Unsigned	<input type="checkbox"/> Late Submission
Date: _____	<input type="checkbox"/> Illegible	<input type="checkbox"/> Other

NOTES

EDUCATION AND TRAINING

Please read the minimum qualifications section on the job announcement before continuing. Copies of transcripts, diplomas, certifications, licenses, etc., may be required upon request.

14. NAME AND LOCATION OF COLLEGE, UNIVERSITY, BUSINESS, TRADE, OR SERVICE SCHOOLS	DEGREE MAJOR	CREDITS EARNED	DEGREE TYPE	YEAR ISSUED

15. PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATE:	NUMBER	ISSUE DATE	EXPIRATION DATE

16. **HIGH SCHOOL:** Are you a high school graduate, or have you passed the high school equivalency tests or the GED? Yes No

Name and location of high school attended: _____

17. **EXPERIENCE:**
 BEGIN WITH YOUR **MOST RECENT EXPERIENCE**. GIVE DETAILS ON THE EXPERIENCE THAT YOU BELIEVE MEETS THE MINIMUM REQUIREMENTS FOR THIS RECRUITMENT. **LIST ALL POSITIONS/JOBS SEPARATELY. DO NOT** USE "SEE RESUME" OR SIMILAR EXPRESSIONS FOR ANY OF THE REQUESTED INFORMATION ON THIS FORM. RESUMES MAY BE ATTACHED AND ARE ENCOURAGED, BUT **WILL NOT** BE ACCEPTED IN PLACE OF A **PROPERLY COMPLETED** BUTTE COUNTY APPLICATION FOR EXAMINATION. IF MORE SPACE IS NEEDED, JOB DUTIES MAY BE **CONTINUED** ON REGULAR PAPER.

THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.

FROM (mo./yr.) _____	TO (mo./yr.) _____	JOB TITLE	EMPLOYER	
TOTAL: ____ Years ____ Months		SUPERVISOR'S NAME/TITLE	ADDRESS	PHONE
HOURS PER WEEK: Do not put "various."		NUMBER SUPERVISED	REASON FOR LEAVING	

DUTIES:

If you are currently employed, may we contact your present employer? Yes No

FROM (mo./yr.) _____	TO (mo./yr.) _____	JOB TITLE	EMPLOYER	
TOTAL: ____ Years ____ Months		SUPERVISOR'S NAME/TITLE	ADDRESS	PHONE
HOURS PER WEEK: Do not put "various."		NUMBER SUPERVISED	REASON FOR LEAVING	

DUTIES:

EXPERIENCE Continued

FROM (mo./yr.) _____	TO (mo./yr.) _____	JOB TITLE	EMPLOYER	
TOTAL: ____ Years _____ Months	HOURS PER WEEK: Do not put "various."	SUPERVISOR'S NAME/TITLE		ADDRESS
		NUMBER SUPERVISED		PHONE
		REASON FOR LEAVING		
DUTIES:				

FROM (mo./yr.) _____	TO (mo./yr.) _____	JOB TITLE	EMPLOYER	
TOTAL: ____ Years _____ Months	HOURS PER WEEK: Do not put "various."	SUPERVISOR'S NAME/TITLE		ADDRESS
		NUMBER SUPERVISED		PHONE
		REASON FOR LEAVING		
DUTIES:				

REFERENCES: List three (3) people who are not related to you and who can provide a reference. Professional references preferred.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

I HEREBY CERTIFY that under penalty of perjury all statements made in connection with this application and attachments are complete and true to the best of my knowledge. 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 authorize investigation of all statements contained herein. I further authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.

Signature of Applicant

Date