



COUNTY OF MODOC
EMPLOYMENT APPLICATION
 MODOC COUNTY DEPARTMENT OF SOCIAL SERVICES
 120 NORTH MAIN STREET
 ALTURAS, CALIFORNIA 96101
 (530) 233-6501 OFFICE

NAME OF POSITION APPLYING FOR: _____

INSTRUCTIONS: This application is part of the selection process. Print all answers accurately and legibly in dark ink or type. If you need additional space, please attach extra sheets. Please provide ALL information requested.		
1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER	
3. ADDRESS (Mailing Address – PO Box/Number, Street, City, State, Zip Code)	4. TELEPHONE Home _____ Business _____	
7. LIST ALL RELATIVES EMPLOYED BY THE COUNTY OF MODOC		
8. DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? No. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate class if other than for operating a passenger car or 2-axle trucks. CLASS _____		
9. INDICATE MACHINE SKILLS, LANGUAGES OR OTHER SPECIAL SKILLS PERTINENT TO THIS APPLICATION		
10. EDUCATION		
a. CIRCLE HIGHEST LEVEL COMPLETED		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Over 16		
b. LIST ALL EDUCATIONAL DEGREES, PROFESSIONAL CERTIFICATES OR LICENSES RECEIVED IF PERTINENT TO THIS APPLICATION:		
(1) School	Degree	Major

(2) Granting Agency	License/Certificate	

c. LIST ALL COURSEWORK COMPLETED WHICH YOU FEEL IS RELEVANT TO THIS APPLICATION:		
Title	Institution	*Units

11. ARE THERE ANY ACCOMODATIONS THAT YOU REQUIRE? ___ YES ___ NO. IF YES, PLEASE EXPLAIN:		

AN AFFIRMATIVE ACTION – EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Starting with your most recent position, list all employment. List military service; volunteer work or manpower training only if it directly relates to the position for which you are applying. Although we welcome your resume, it cannot substitute for completion of this section. Add additional sheets if necessary.

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
From: Month Year	To: Month Year	DUTIES:	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:			
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
From: Month Year	To: Month Year	DUTIES:	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:			
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
From: Month Year	To: Month Year	DUTIES:	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:			
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
From: Month Year	To: Month Year	DUTIES:	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:			
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
From: Month Year	To: Month Year	DUTIES:	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:			

May we contact all supervisors listed? YES NO

Indicate exceptions: _____

I certify that all statements are true to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts on my part may forfeit my right to employment, even if discovered after I have become an employee of the County of Modoc. I agree to accept any assignment that is not in violation of pertinent rules or policy regarding hours of work and location as directed by management.

Signature: _____ Date: _____