



# EMPLOYMENT APPLICATION

Return this completed form directly to the library branch location that you are interested in applying for employment at.

*Attach additional information, as needed, to the application.*

Equal Opportunity Employer

San Mateo County is building a diverse workforce and encourages applications from candidates who will contribute to our diversity.

For Personnel Services Use Only	
Analyst _____	Date _____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Pending <input type="checkbox"/> Not Accepted
Reason:	
1. <input type="checkbox"/> Education	3. <input type="checkbox"/> Late Filing
2. <input type="checkbox"/> Experience	4. <input type="checkbox"/> Other Reason
_____	
_____	
_____	

POSITION YOU ARE APPLYING FOR: (Job title on employment bulletin)

1. Library Aide 2. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Name \_\_\_\_\_  
 First Middle Last

4. Address \_\_\_\_\_  
 Number Street Apt.# City State Zip

5. Home Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

6. Would you like to be notified about application status, testing dates and examination results via e-mail?  Yes  No  
 If YES, please provide e-mail address \_\_\_\_\_ Please note that it is your responsibility to monitor instructions and correspondence from this office by checking your e-mail account in a timely manner.

7. List any former names under which you have worked, gone to school or served in the Armed Forces: \_\_\_\_\_

8. Have you ever been convicted of a felony or misdemeanor or been on parole or probation?  Yes  No  
 List all convictions since your 18th birthday. On an attached sheet list: offense, date and place of conviction, sentence, and date of release from custody and/or from probation/parole. A YES answer to this question is not an automatic bar to employment. Each case is considered individually.

9. Do you claim veterans service preference? If YES, attach a copy of DD 214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form dated within the past six months to this application.  Yes  No Verified by \_\_\_\_\_

10. RELEVANT LICENSES & CERTIFICATES  
 List driver license or other licenses or certificates required for the job for which you are applying.

Title of License or Certificate	Number	Issued by	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

If a driver license is required for the job for which you are applying please respond to the following question.  
 Have you received any vehicle citations for moving violations within the last 5 years?  Yes  No  
 If YES, please explain fully. Attach a separate sheet if this space is not adequate.  
 A YES answer to this question is not an automatic bar to employment. Each case is considered individually. \_\_\_\_\_

11. Are you fluent in any language in addition to English? If so, please specify your skills.

Language	Understand	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. RELEVANT EDUCATION & TRAINING  
 List below any education, training or seminars directly relevant to the job for which you are applying.

Name and Address of School, College, University, Institute or Organization	Course of Study or Major	Degrees, Certification, Units, Hours (if applicable)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

## SAN MATEO COUNTY EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

San Mateo County asks all applicants to complete this card in order to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only.

This information, which you provide voluntarily, will be detached from your application and will be kept separate and confidential.

Position you are applying for: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please answer all questions by placing an "X" in the appropriate box:

- A. Sex 1.  Male 2.  Female
- B. Race/Ethnic Identification (please check **ONE** only):
- |  |   |
|--|---|
| 1. <input type="checkbox"/> White (non-Hispanic) | 4. <input type="checkbox"/> Asian or Pacific Islander         |
| 2. <input type="checkbox"/> Black (non-Hispanic) | 5. <input type="checkbox"/> Filipino                          |
| 3. <input type="checkbox"/> Hispanic             | 6. <input type="checkbox"/> American Indian or Alaskan Native |

13. JOB EXPERIENCE

A. Give complete information for all jobs held during the past 10+ years, including verifiable voluntary experience.

B. Show your Present or Most Recent job first.  
C. Attach additional sheets if more space is needed.

RESUMÉ MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION

Name and Address of Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

14. CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for employment with San Mateo County. I further agree to be fingerprinted, to submit to a complete medical exam and to furnish such proof of age and citizenship as may be required by law.

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

Note to Applicants with Disabilities that qualify under the Americans with Disabilities Act or the California Fair Employment and Housing Act: If you require special testing arrangements, please notify the Personnel Services Division at the time of application. Reasonable efforts will be made to accommodate you.

PLEASE COMPLETE THE FOLLOWING: How did you find out about this job? (Check one or more)

- 1.  County Employee and Public Services Department
- 2.  Other County Department
- 3.  County Employee
- 4.  Friend or Relative
- 5.  Job Announcement on a Bulletin Board  
Where? \_\_\_\_\_
- 6.  Newspaper or Publication  
Which? \_\_\_\_\_
- 7.  Community Organization  
Which? \_\_\_\_\_
- 8.  Other – please specify: \_\_\_\_\_