ALAMEDA COUNTY LAW LIBRARY
125 – 12th STREET, OAKLAND, CA 94607
Phone: (510) 272 – 6482 Fax: (510) 208-4836

DATE RECEIVED _____

BY _____

EXACT TITLE OF POSITION YOU ARE APPLYING FOR

1. NAME _____
   LAST FIRST MIDDLE
2. ADDRESS _____
   NUMBER STREET APT No.
3. CITY _____ WY
   STATE ZIP
4. HOME PHONE _____ 5. WORK PHONE _____
6. EMAIL: _____
7. IF YOU ARE NOW EMPLOYED BY ALAMEDA COUNTY,
   a. EXACT CLASS TITLE _____
   b. DEPT _____ DEPT. No. _____

LEAVE BLANK

8.

9. List any previous names under which you have worked, gone to school or served in the Armed Forces:
   _____

10. Last 4 digits SSN _____

EDUCATION & TRAINING

11. HIGH SCHOOL _____
    LOCATION _____

12. DID YOU GRADUATE? YES ◯ NO ◯

13. If not, have you a GED or California High School Proficiency Certificate? YES ☐ NO ☐

14. NAMES OF COLLEGES /UNIVERSITIES ATTENDED	Dates Attended	Course of Study/Major	Degree Awarded YES	Degree Awarded NO	Units Completed Semester	Units Completed Quarter	Type of Degree	Date Degree Completed
			☐	☐				
			☐	☐				
			☐	☐				

15. OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION	Length of Course	Date Ended

16. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED	Serial No.	Date Issued	Expiration Date

17. Drivers License No. _____ STATE WY

18. Skills Typing Speed _____/WPM Stenographic Speed _____/WMP

19. Foreign Language in which you are fluent: _____

20. OHER SKILLS: _____

21A. DO YOU CLAIM VETERANS' PREFERENCE? ◯ YES ◯ NO FORM DD214 VERIFIED BY _____

21B. DO YOU CLAIM VETERANS' DISABILITY? ◯ YES ◯ NO

22. Give name and address of a person who would know your address at anytime(Local, If possible)

_____

_____

23. **CERTIFICATE OF APPLICANT**: I certify that I meet the announced requirements for this position and understand that I will be eliminated at any stage in such position if it develops that in fact I do not meet them. I further certify that all statements or omissions of material facts herein may forfeit my rights to any employment in the service of the County of Alameda.

_____

THIS SECTION MUST BE FILLED OUT IN ADDITION TO YOUR RESUME

24. **EMPLOYMENT HISTORY**: List your work record, beginning with your most recent experience. Include volunteer and US Military service. Describe the work you did as completely as possible. List each promotion separately. Explain gaps between employment periods.

MM/YY to MM/YY	EMPLOYER (BUSINESS OR AGENCY NAME)	YOUR TITLE	No. Employees You Supervised
Hrs Per Week:	ADDRESS CITY STATE WY	NAME OF SUPERVISOR	Supervisor's Phone No.
	DUTIES		

REASON FOR LEAVING: _____

MM/YY to MM/YY	EMPLOYER (BUSINESS OR AGENCY NAME)	YOUR TITLE	No. Employees You Supervised
Hrs Per Week:	ADDRESS CITY STATE WY	NAME OF SUPERVISOR	Supervisor's Phone No.
	DUTIES		

REASON FOR LEAVING: _____

MM/YY to MM/YY	EMPLOYER (BUSINESS OR AGENCY NAME)	YOUR TITLE	No. Employees You Supervised
Hrs Per Week:	ADDRESS CITY STATE WY	NAME OF SUPERVISOR	Supervisor's Phone No.
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MM/YY to MM/YY	EMPLOYER (BUSINESS OR AGENCY NAME)	YOUR TITLE	No. Employees You Supervised
Hrs Per Week:	ADDRESS CITY STATE WY	NAME OF SUPERVISOR	Supervisor's Phone No.
	DUTIES		

REASON FOR LEAVING: _____

25. Were you ever discharged or forced to resign from any position? YES ◯ NO ◯

If Yes, Explain: _____

26. Inquiry may be made of your former employers or the last school you attended regarding your performance record. May we contact your present employer?

YES ◯ NO ◯