



Yolo County Public Agency Risk Management Insurance Authority

77 W. Lincoln Ave • Woodland, CA 95695 • 530-666-4456 • Fax 530-666-4491 • www.ycparmia.com

Since 1978

EMPLOYMENT APPLICATION

- PLEASE NOTE: 1) Complete all items on both sides of this application.
 2) Use a typewriter or Print in Black ink.
 3) Incomplete or illegible applications will not be considered.
 4) Keep YCPARMIA informed of any change of address or phone number.

1. POSITION APPLYING FOR: _____

2. NAME _____ Last _____ First _____ Middle Initial _____ Home Phone: _____
Work Phone: _____

3. ADDRESS _____ Street _____ City _____ State _____ Zip Code _____

4. Social Security Number: _____ Social Security Number is used for applicant record control; disclosure is voluntary.

5. Do you speak another language fluently? YES _____ NO _____ If so, specify: _____

6. Do you have any physical condition which might limit your ability to perform the duties of the position for which you are applying?
YES _____ NO _____ (If YES, please explain fully in Section 12)

7. If you are not a United States citizen, do you have permission to work in the United States?
YES _____ NO _____ US Immigration and Naturalization Service ID Number _____

8. Have you ever been convicted by any court of an offense?
YES _____ NO _____ If YES, please note in Section 12 the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$50 (i.e. no jail or prison sentence, probation or fine in excess of \$50). A criminal record is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.

9. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten (10) years?
YES _____ NO _____ If YES, explain in Section 12.

10. Valid Driver's License Number _____ State: _____
(Only if required on job announcement) Class: _____
Expires: _____

11. List professional trade, business, or civic activities and office held.
(You may exclude those which indicate race, color, religion, sex or national origin.)

12. NOTE: Explain fully items 7, 8, 9, and 11 in this section.

CERTIFICATION: I hereby certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from this process or dismissal from employment with YCPARMIA. I understand that if I am offered employment, a medical examination and fingerprinting may be required at time of employment. I authorize the employers and educational institutions identified in this Employment Application to release any information they may have concerning my employment or education to YCPARMIA. YES _____ NO _____ If NO, explain in Remarks Section on reverse.

Signature of Applicant (Sign in Ink)

Date Signed

FILL OUT OTHER SIDE
YCPARMIA is an Equal Opportunity-Affirmative Action Employer

EDUCATION AND TRAINING

Do you have a High School Diploma or a G.E.D. certificate? YES _____ NO _____ If NO, circle highest grade completed:
 1 2 3 4 5 6 7 8 9 10 11 12

Names of Colleges/Universities attended and location	Dates Attended	Course of Study/Major	Semester Units	Quarter Units	Type of Degree	Date Degree Complete

Professional License or Certificate If Required:	Issuing Agency	Serial Number or Identification Number	Date Issued	Expiration Date

EMPLOYMENT HISTORY

Give complete information for jobs held during the past ten (10) years. Attach additional sheets if more space is needed. Show your PRESENT or MOST CURRENT job **FIRST**. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. **May we contact your PRESENT employer?** YES ___ NO ___

EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW.

<p>DATES</p> From: _____ To: _____ TOTAL: _____ Yrs Mos Full Time _____ Part Time _____	<p>EMPLOYER'S NAME AND ADDRESS</p> _____ _____ _____ Supervisor _____ Salary/Month: \$ _____ Volunteer HR/Salary: _____ HRS/Week _____ \$ _____	<p>TITLE _____</p> Reason for Leaving _____ Duties Performed: _____ _____ _____ _____
<p>DATES</p> From: _____ To: _____ TOTAL: _____ Yrs Mos Full Time _____ Part Time _____	<p>EMPLOYER'S NAME AND ADDRESS</p> _____ _____ _____ Supervisor _____ Salary/Month: \$ _____ Volunteer HR/Salary: _____ HRS/Week _____ \$ _____	<p>TITLE _____</p> Reason for Leaving _____ Duties Performed: _____ _____ _____ _____
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REMARKS:
