

E M P L O Y M E N T A P P L I C A T I O N

Sacramento Employment and Training Agency

925 Del Paso Blvd., Suite 100

Sacramento, CA 95815

(916) 263-3800

24 Hour Job Line (916) 552-1478

TDD CA Relay System 1 (800) 735-2929

INSTRUCTIONS:

1. **PRINT LEGIBLY OR TYPE:** This application is part of the examination process. Late and/or incomplete applications will be rejected.
2. Print or type the title of the examination in space provided.
3. Complete a separate application for each examination desired. Make sure proper job title appears on each application.
4. Complete both sides of the application form. All applications must have an original signature and must be dated.
5. Applicants must meet all qualifications for classification by the final filing date, unless specifically exempted in the job announcement. An incomplete application may be grounds for rejection. An applicant may be required to submit additional proof of qualifications and verification of education and training.
6. It is the applicant's responsibility to insure the application is in the SETA Personnel Office **NO LATER THAN 5:00 P.M.** on the filing deadline. Postmarks are not accepted. Facsimiles and late applications will be rejected.
7. In compliance with State and Federal Laws, the Sacramento Employment and Training Agency will employ and promote qualified individuals without regard to disability. SETA is committed to making reasonable accommodations in the examination process and in the work environment. Individuals requesting reasonable accommodations, in the examination process must do so by the filing deadline. Please fill out the Accommodation section of this application completely, otherwise it may not be possible to arrange accommodations for the selection process. For more information call (916)263-3800.
8. It is the policy of SETA to treat each applicant in a fair and consistent manner. The applicants experience, knowledge, skills, and abilities as demonstrated on the employment application are the relevant factors used in the screening process.

RECRUITMENT INFORMATION - Please indicate how you became aware of this job opportunity:

- | | |
|--|---|
| <input type="checkbox"/> Sacramento Bee | <input type="checkbox"/> State Employment Office (EDD) |
| <input type="checkbox"/> Sacramento Observer | <input type="checkbox"/> SETA Office |
| <input type="checkbox"/> Job Journal | <input type="checkbox"/> Sacramento Works Career Center |
| <input type="checkbox"/> Career Builder | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> City Office | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> County Office | |

AFFIRMATIVE ACTION QUESTIONNAIRE

DO NOT DETACH
(PLEASE PRINT OR TYPE)

Job Title

SEX: Male ____ Female ____

AGE: Over ____ Under 40 ____

To further its commitment to Equal Opportunity Employment, SETA is requesting all applicants for examination to voluntarily provide the following information. The information will be detached from the application and will be used only for research and evaluation purposes. This information will not have any effect upon your application.

ETHNIC ORIGIN (Please Check One)

- American Indian** - Persons descended from the original people of North America and who maintain cultural identification through tribal affiliation or community organization.
- African American** - Persons of African descent including Black persons with Spanish surname.
- Asian Indian** - Includes persons of Pakistani and East Indian descent.
- Caucasian** - Includes persons of Indo-European descent except those in other groups.
- Chinese** - Includes persons of Chinese, Indo-Chinese, or Korean descent.
- Filipino** - Persons of Filipino descent.
- Hispanic** - Includes all persons of Mexican-Latin American, or Spanish descent except those who are Black.
- Japanese** - Persons of Japanese descent.
- Polynesian** - Includes persons of Polynesian descent who are not included in any other group.

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EMPLOYMENT APPLICATION

925 Del Paso Blvd., Suite 100

Sacramento, CA 95815

(916) 263-3800

Job Title: _____

IMPORTANT: This application is part of the examination process. It must be completely filled out, signed, and dated to be accepted. Late and/or incomplete applications will be rejected.

PRINT OR TYPE

(for simplification of processing only)

For Office Use Only:

- ___ Accommodations
- ___ Application
- ___ Application Rejected
- ___ Education
- ___ Does Not Meet MQ's
- ___ Late
- ___ Other

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work/Message Phone _____

Education and Training: You may be required to submit verification of your college education prior to employment.

1. High School Graduate or Passed GED? YES ___ NO ___

2.	Name & Location of College, University, or Trade School	Major Course of Study	Units Completed		Diploma, Certificate, or Degree Received
			Semester Units	Quarter Units	

3. List current certificates of professional competence, licenses, membership in professional associations.

4. Current/Former Head Start Parent? YES ___ NO ___

ALL APPLICANTS must immediately notify the SETA Personnel Office of address/phone number changes by calling 263-3588.

Convictions: Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Some classifications may require a fingerprinting check as verification. You may omit any conviction committed prior to your 18th birthday, which was finally settled in Juvenile Court, or under a youth offender law.

FAILURE TO LIST CONVICTIONS MAY RESULT IN TERMINATION FROM THE EXAMINATION PROCESS OR EMPLOYMENT

Have you ever been convicted of a crime? YES ___ NO ___

List all convictions. Attach additional sheet if necessary. (Cite Penal Code if known.)

Offense: _____ Conviction Date: _____ Location: _____ Fine/Sentence: _____

Accommodations: Describe any accommodation you may need in taking the examination:

EMPLOYMENT HISTORY: List your work record for the last 10 years and related volunteer experience. Begin with your most recent position, include U.S. Military service. This section must be filled out completely. Attaching a resume without completing this section will render your application incomplete. If you need additional space, you may attach additional documentation.



IMPORTANT: Check box if you **DO NOT** want us contacting the employer listed.

<input type="checkbox"/>	From: To: Last Salary: Hours per week:	Job Title and Duties:	Organization: Address: Phone: Name of Supervisor: Reason for leaving:
<input type="checkbox"/>	From: To: Last Salary: Hours per week:	Job Title and Duties:	Organization: Address: Phone: Name of Supervisor: Reason for leaving:
<input type="checkbox"/>	From: To: Last Salary: Hours per week:	Job Title and Duties:	Organization: Address: Phone: Name of Supervisor: Reason for leaving:
<input type="checkbox"/>	From: To: Last Salary: Hours per week:	Job Title and Duties:	Organization: Address: Phone: Name of Supervisor: Reason for leaving:

Do you have any relative(s) currently employed by SETA? If yes, list name(s):

 Are you receiving benefits from the Sacramento County Retirement System?
 Yes No

SKILLS: Typing _____WPM 10 Key _____ Language _____ verbal
 I am proficient in the following software applications: written

READ BEFORE SIGNING: I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand that false statements and/or failure to meet legal minimum qualifications for this position will be sufficient cause to eliminate me from the examination or dismiss me from employment. I understand that if I am offered employment a medical examination and/or fingerprinting may be required. I understand and give you permission to contact my previous employers, except those indicated above.

Your signature _____ Date _____
 (all applications must have an original signature to be considered valid)



Sacramento
Employment and
Training
Agency

GOVERNING BOARD

DON NOTTOLI
Board of Supervisors
County of Sacramento

BONNIE PANNELL
Councilmember
City of Sacramento

JAY SCHENIRER
Councilmember
City of Sacramento

SOPHIA SCHERMAN
Public Representative

JIMMIE YEE
Board of Supervisors
County of Sacramento

KATHY KOSSICK
Executive Director

925 Del Paso Blvd., Suite 100
Sacramento, CA 95815

Main Office
(916) 263-3800

Head Start
(916) 263-3804

Website: <http://www.seta.net>

Release of Information Form

I, _____, hereby authorize the Sacramento Employment and Training Agency (SETA) to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to SETA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release SETA, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Signature

Date