



# YOLO EMERGENCY COMMUNICATIONS AGENCY

An Equal Opportunity Employer

PO Box 8508, Woodland, CA 95776

35 N. Cottonwood Street, Woodland, CA 95695

Phone: 530.666.8900 ~ Fax: 530.666.8909

Email: [jobs@yolo911.org](mailto:jobs@yolo911.org) Website: [www.Yolo911.org](http://www.Yolo911.org)

## POSITION APPLYING FOR:

### Required Documents:

To expedite your application and ensure your application is processed correctly, please make sure to completely fill out your application, leaving no blank spaces. Applications that are incomplete could disqualify you from the process. The Agency also requires additional documents to be submitted for this position, as shown below:

1. Agency Application (Fully Completed)
2. Cover Letter
3. Resume
4. Supplemental Questionnaire

|   |       |            |                 |                |
|---|-------|------------|-----------------|----------------|
| FIRST NAME  |       | MIDDLE     | LAST            |                |
| MAILING ADDRESS   |       | CITY       | STATE           | ZIP CODE       |
| HOME PHONE  |       | WORK PHONE | EMAIL           |                |
| LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER<br>(For record control only)   |       |            |                 |                |
| VALID DRIVER'S LICENSE NO:  | STATE | CLASS      | EXPIRATION DATE |                |
| DO YOU SPEAK ANOTHER LANGUAGE FLUENTLY  |       | YES        | NO              | IF YES SPECIFY |
| VETERANS PREFERENCE REQUESTED?  |       | YES        | NO              |                |
| <b>(COPY OF DD-214 MUST BE ATTACHED PRIOR TO FINAL FILING DATE)</b>   |       |            |                 |                |
| CAN YOU PROVIDE THE DOCUMENTATION NECESSARY TO PROVE YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE UNITED STATES |       | YES        | NO              |                |

### HUMAN RESOURCES ONLY

### DO NOT WRITE IN SHADED AREA –

|          |              |                     |           |
|----------|--------------|---------------------|-----------|
| Accepted | Subject To:  | Written Exam Date:  | Interview |
| Rejected | EXP Deadline | Written Exam Score: | Date:     |
| Date:    | Other:       | WPM:                | Time:     |

Applicant Name: \_\_\_\_\_

|  |                  |                    |                 |
|--|------------------|--------------------|-----------------|
| Do you have a High School Diploma or a G.E.D. Certificate?      YES      NO  |                  |                    |                 |
| Colleges Attended  | Degrees Received | Major Subjects     | Units Completed |
|  |                  |                    |                 |
|  |                  |                    |                 |
| Professional License or Certifications   | Issuing Agency   | Date Issued        | Expiration Date |
|  |                  |                    |                 |
|  |                  |                    |                 |
| 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 the examination process or dismissal from employment with the Yolo Emergency Communications Agency. 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 YECA. |                  |                    |                 |
| Your Signature _____   |                  | Today's Date _____ |                 |

**Recruitment Questionnaire**

Please indicate below how you became aware of this job opportunity and return with your application submission:

**Word of Mouth**

- Agency Employee
- Relative or Friend

**Referral Card**

Referred by: \_\_\_\_\_

**Website/Social Media**

Specify: \_\_\_\_\_

Cal Opps:

Governmentjobs.com:

*Thank you for your interest in pursuing a career with Yolo911*

Applicant Name: \_\_\_\_\_

**Complete this section even if you attach a resume.**

**EXPERIENCE:** List all jobs you have held in the **LAST TEN-YEARS.** **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, attach additional sheets.

|                    |                             |  |                 |
|--------------------|-----------------------------|--|-----------------|
| FROM (MM/DD/YY)    | TO (MM/DD/YY)               | TITLE/JOB CLASSIFICATION (include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK     | TOTAL WORKED (YEARS/MONTHS) | EMPLOYERS NAME   | PHONE NUMBER    |
| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |
| FROM (MM/DD/YY)    | TO (MM/DD/YY)               | TITLE/JOB CLASSIFICATION (include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK     | TOTAL WORKED (YEARS/MONTHS) | EMPLOYERS NAME   | PHONE NUMBER    |
| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |
| FROM (MM/DD/YY)    | TO (MM/DD/YY)               | TITLE/JOB CLASSIFICATION (include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK     | TOTAL WORKED (YEARS/MONTHS) | EMPLOYERS NAME   | PHONE NUMBER    |
| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |

Applicant Name: \_\_\_\_\_

**Complete this section even if you attach a resume.**

**EXPERIENCE:** List all jobs you have held in the **LAST 10 - 15 YEARS.** **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, attach additional sheets.

|                    |                             |  |                 |
|--------------------|-----------------------------|--|-----------------|
| FROM (MM/DD/YY)    | TO (MM/DD/YY)               | TITLE/JOB CLASSIFICATION (include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK     | TOTAL WORKED (YEARS/MONTHS) | EMPLOYERS NAME   | PHONE NUMBER    |
| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |
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| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |

Applicant Name: \_\_\_\_\_

**Complete this section even if you attach a resume.**

**EXPERIENCE:** List all jobs you have held in the **LAST 10 - 15 YEARS.** **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, attach additional sheets.

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|--------------------|-----------------------------|--|-----------------|
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| ADDRESS            |                             |  |                 |
| DUTIES PERFORMED   |                             |  |                 |
| REASON FOR LEAVING |                             |  |                 |