



YOLO EMERGENCY COMMUNICATIONS AGENCY

An Equal Opportunity Employer

35 N. Cottonwood Street, Woodland, CA 95695

Phone: 530.666.8900 ~ Fax: 530.666.8909

Email: jobs@yolo911.org Website: www.Yolo911.org

POSITION APPLYING FOR:

IMPORTANT: COMPLETE ALL UNSHADED SECTIONS. AN INCOMPLETE APPLICATION WILL DELAY ACTION AND MAY DISQUALIFY YOU. APPLICATIONS MUST BE RETURNED NO LATER THAN THE FINAL FILING DATE. **NOTE: BE CERTAIN**

FIRST NAME		MIDDLE	LAST	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE		WORK PHONE		EMAIL
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (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	
(COPY OF DD-214 MUST BE ATTACHED PRIOR TO FINAL FILING DATE)				
CAN YOU PROVIDE THE DOCUMENTATION NECESSARY TO PROVE YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE UNITED STATES		YES	NO	

YOU HAVE COMPLETED ALL INFORMATION IN ALL THE BOXES. ALL INFORMATION IS SUBJECT TO VERIFICATION. INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED, KEEP YECA INFORMED OF ADDRESS CHANGES

Have you ever been convicted, pled guilty or no contest to any criminal offense?	YES	NO
<p>If yes, explain below, adding an attachment if necessary, regarding the date, place and circumstances of the conviction or plea, the fine or sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$50. Any offense for which you were convicted for which the punishment imposed was a fine in excess of \$50, which required serving a jail or prison sentence, or which required probation, MUST be reported. (A criminal record does not necessarily mean the Agency cannot hire you. Each case is given individual consideration based on job relatedness).</p>		

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
<p>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.</p>			
_____		_____	
Your Signature		Today's Date	

HUMAN RESOURCES ONLY

DO NOT WRITE IN SHADED AREA –

Accepted	Subject To:	Written Exam Date:	Interview
Rejected	EXP ED	Written Exam Score:	Date:
Date:	Other:	WPM:	Time:

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 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			

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

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

Advertisement

- Newspaper
Radio Television
Trade or Professional Journal
Community Organization

Human Resources Website

- Government Personnel Office
State Employment Office
Public Safety Agency

Bulletin Boards/Public Organizations

- City/County Personnel Office
State Employment Office (EDD)
CalOpps.org
University/College: _____

Internet Site

Specify: _____

Job Fair

Location: _____

Thank you for your interest in pursuing a career with Yolo911