



Tulare County Sheriff's Office

Sheriff's Office
Personnel & Training
5959 S. Mooney Blvd.
Visalia, CA 93277
(559)735-1825

TYPE OR PRINT IN DARK INK - INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY BE DISQUALIFIED

RECRUITMENT NO:	POSITION:
1. NAME: Last First Middle	
2. MAILING ADDRESS: No./Street or PO Box # City State Zip	
3. SOCIAL SECURITY NUMBER:	4. PHONE: HOME: () CELL: () BUSINESS: () OTHER: ()
5. LANGUAGE Do you possess the skill to fluently speak, read and write a language other than English and are you willing to use this skill in the performance of your job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language(s)?	
6. Indicate the type of work you are willing to accept (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Extra Help	
7. DRIVER'S LICENSE Driver's license number: Expiration Date: State Issued:	
8. TRAINING Are you currently enrolled in or graduated from an STC Certified Adult Corrections Officer Course or POST Police Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. VETERAN'S PREFERENCE To claim veteran's preference you must submit your most recent DD214 form with this application on or before the final filing date for the recruitment. Veteran's preference is allowed only on initial entrance into County service for regular and probationary employees. Do you wish to claim Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you must submit your DD214 to the Human Resources Department to qualify.	
PLEASE CHECK YES OR NO AFTER QUESTIONS 10 THROUGH 14. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST PROVIDE AN EXPLANATION IN ITEM 15, BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.	

NAME: Last First MI

10. Are you under the age of 18? If yes, please list birth date: / /	<u>YES</u>	<u>NO</u>	14. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Do not consider those settled in juvenile court or those that have been sealed. (If yes, list convictions. Conviction records are not necessarily disqualifying. Each case is considered individually in relation to the job.)	<u>YES</u>	<u>NO</u>	
11. Do you have relatives working for the County? List name, relationship and department.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you worked for the County of Tulare before? List name of department and name you worked under if different from above.	<input type="checkbox"/>	<input type="checkbox"/>		• Review the job announcement for this position. If you have a condition which would prevent you from performing any of the essential duties, please list the accommodation you would require in order to perform the duties. Reasonable accommodation will be made when requested and determined by the County to be appropriate under applicable law. Notify the Personnel Department if you require special testing facilities.		
13. Have you ever been discharged, rejected during the probationary period, or forced to resign from any job?	<input type="checkbox"/>	<input type="checkbox"/>				

15. (Use this space to explain yes answers to questions 10 through 14 and to describe accommodations you require to perform essential job duties.)

16. EDUCATION Did you graduate from high school? Yes No If not, did you obtain a GED certificate? Yes No

Name(s) of Colleges or Universities attended	Major Subject	Dates Attended From To	Semester Units	Quarter Units	Degrees Earned and Dates of Graduation

PROFESSIONAL CERTIFICATE OR LICENSE

Title: Registration No.: Expiration Date:

APPLICATION IS ONLY VALID FOR SIX MONTHS AFTER RECEIPT BY DEPARTMENT OR UNTIL THE NEXT TESTING CYCLE, WHICHEVER COMES FIRST. THE DEPARTMENT WILL NOT NOTIFY YOU OF EXPIRATION. IT IS YOUR RESPONSIBILITY TO CONFIRM RECEIPT, MAINTAIN CORRECT CONTACT INFORMATION AND VERIFY TESTING DATES.

FOR DEPARTMENT USE ONLY:

Date Received..... Date Reviewed..... By..... Date Entered..... Meets M.E.S. Yes No

17. EDUCATION/TRAINING: This space is for education or training that demonstrates specific qualifications for the particular job you are applying for. The education or training may be full or part time, apprenticeships, academic courses, seminars, or other types of training. Attach additional pages if necessary.

DATES	TITLE AND DESCRIPTION OF CONTENT OF COURSE OR PROGRAM	NAME AND LOCATION OF SCHOOL OR ORGANIZATION
	Title: _____ Description: _____	

	Title: _____ Description: _____	

18. EXPERIENCE: List all work experience for the past 10 years and any prior experience relevant to this job. Start at the top with most recent experience and work back. Experience may be paid, unpaid, full time, part time, or military. If more space is needed, attach additional pages. **Resumes will not be accepted in lieu of this application.**

FROM		TO		EMPLOYER'S NAME, ADDRESS AND PHONE NUMBER	JOB TITLE AND DUTY DESCRIPTION	HOURS WORKED & REASON FOR LEAVING
MO	YR	MO	YR			
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____
					Title: _____ Duties: _____	Hrs./wk: _____ Reason: _____

19. May we contact employers listed? Yes No
If not, indicate which employer(s) you do not wish us to contact:

20. IN CASE OF EMERGENCY
Person to be notified:

Address:

Phone:

READ CAREFULLY BEFORE SIGNING - All statements made on or in connection with this application form are true and complete to the best of my knowledge. Accurate completion of this application is part of the selection process. I understand and agree that misrepresentation will cause forfeiture of all rights to employment with Tulare County. I also understand that before employment I must submit proof of my legal right to work in the United States.

Signature.....

Date