



**Modoc County Sheriff's Office
Employment Application
William "Tex" Dowdy, Sheriff/Coroner
P.O. Drawer 460, Alturas, California 96101**

Application # _____

An Equal Opportunity Employer

Please use a typewriter, computer, or print in ink. This application must be completed in full. Any incomplete or illegible applications will not be considered. Resumes and cover letters may be attached in addition to Employment Application. Resumes will not be accepted in place of completed application. All statements will be subject to verification. If you need additional space, please attach extra pages.

Job Title _____			
Last Name _____	First Name _____	Middle Initial _____	
Street and/or Mailing Address _____	City _____	State _____	Zip Code _____
E-Mail Address _____	Home Phone _____	Message Phone _____	

1. I am interested in: Full Time Part Time Temporary
2. I am 18-20 years of age I am 21 years of age or over

- If applying for a position in Law Enforcement indicate Date of Birth _____
3. If the position requires a valid driver's license, please complete the following information:
State _____ Number _____ Class _____ Expiration Date _____
4. LICENSE OR CERTIFICATE. If you possess a license or certificate which is a requirement for the position, please provide the following information:
Issuing Agency _____ Title _____
Number _____ Expiration Date _____
5. Indicate machine skills, languages or other special skills pertinent to the application:

6. Computer proficiency (if more space is needed, attach additional sheet) Word Processing _____
Spreadsheet _____ Database _____ Programming _____
Keyboarding Words Per Minute _____
7. Have you ever been discharged or forced to resign from any job? Yes No
If "YES", please explain

8. Are you currently or have you ever worked for Modoc County? Yes No
If "YES", please indicate position and department. _____
If you previously worked for Modoc County under another name, please indicate: _____
9. Are you related by blood or marriage to any person(s) presently employed by the Sheriff's Office? Yes No
10. Some positions require weekend and shift work. Please indicate any hours, shifts or days you cannot or will not work:

EDUCATION

Education sections please check mark the highest grade completed. If you have attended any collage please fill out to college section. If you have more educational experience there is a free form for you to enter your education and experiences.

High School:	9	10	11	12	G.E.D.	
College:	1yr.	2yr.	3 yr.	4 yr.	+4 yr.	
College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date	Number of Years Attended	

EXPERIENCE

DO NOT INDICATE "SEE RESUME". Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED.**

Name of Employer:		Job Title	
Address of Employer: (Street, City, State & Zip)		Telephone No.:	
DATES EMPLOYED Mo Day Yr Mo Day Yr _____		Description of Duties:	
Total Months:	Hours per Week:	Name and Title of your Supervisor:	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Employer:		Job Title	
Address of Employer: (Street, City, State & Zip)		Telephone No.:	
DATES EMPLOYED Mo Day Yr Mo Day Yr _____		Description of Duties:	
Total Months:	Hours per Week:	Name and Title of your Supervisor:	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Employer:		Job Title	
Address of Employer: (Street, City, State & Zip)		Telephone No.:	
DATES EMPLOYED Mo Day Yr Mo Day Yr _____		Description of Duties:	
Total Months:	Hours per Week:	Name and Title of your Supervisor:	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Employer:		Job Title	
Address of Employer: (Street, City, State & Zip)		Telephone No.:	
DATES EMPLOYED Mo Day Yr Mo Day Yr _____		Description of Duties:	
Total Months:	Hours per Week:	Name and Title of your Supervisor:	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

EXPERIENCE FREE FORM

Please utilize this space for any additional skills or education that you fill might be pertinent to the job. This is a free form area. **(This is an optional filed and is not required)** Resumes are always welcomed. Please send Resumes in as an attachment.

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS AND/OR OMISSIONS OF MATERIAL MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL, EVEN IF DISCOVERED AFTER I HAVE BECOME AN EMPLOYEE OF MODOC COUNTY. I UNDERSTAND THAT PRIOR TO MY EMPLOYMENT WITH MODOC COUNTY I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAM, PERFORMANCE SKILLS TEST, PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEWS. A BACKGROUND INVESTIGATION, INCLUDING FINGERPRINTING, WILL BE REQUIRED FOR SOME POSITIONS.

SIGNATURE: _____ DATE: _____

PRINT NAME _____