



**ORANGE COUNTY SUPERVISOR OF ELECTIONS
JOB APPLICATION**

NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking. However, we ask that you answer all questions, leaving nothing blank.

Applications are accepted without regard to race, color, religion, sex, age, national origin, marital or veteran status or disability. Type or print neatly. This application will be on file for 6 months. Please contact Human Resources if you need an accommodation to complete this application or to otherwise participate in the application or interview process. Attach resume or extra sheet if desired.

TODAY'S DATE: _____ POSITION DESIRED: _____ TELEPHONE (DAY): _____

NAME: _____
LAST FIRST M.I. E-MAIL

ADDRESS: _____
STREET ADDRESS CITY / STATE ZIP CODE TELEPHONE (EVE.)

ARE YOU OVER 18 YEARS OF AGE? YES NO
ARE YOU A U.S. CITIZEN? YES NO
ARE YOU A REGISTERED VOTER? YES NO IF YES, WHERE? _____
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO IF YES, HOW? _____

WHO REFERRED YOU TO THE ORANGE COUNTY SUPERVISOR OF ELECTIONS OFFICE? (PLEASE BE SPECIFIC)

CURRENT EMPLOYEE: _____ CONVENTION OR JOB FAIR: _____
 NEWSPAPER AD: _____ OTHER: _____

OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, EXPLAIN ALL CONVICTIONS.

*CONVICTION OF A CRIME WILL NOT NECESSARILY RESULT IN DENIAL OF EMPLOYMENT. FACTORS SUCH AS AGE AT TIME OF OFFENSE, REMOTENESS OF OFFENSE, SENTENCED TIME AND REHABILITATION WILL BE TAKEN INTO ACCOUNT IN DETERMINING EFFECT ON SUITABILITY FOR EMPLOYMENT IN THE POSITION APPLIED FOR.

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE? YES NO IF YES, BRANCH OF SERVICE _____

DATES OF ACTIVE DUTY FROM: _____ TO: _____ DATE OF DISCHARGE: _____

RECORD OF EMPLOYMENT

List all employment for at least the last 10 years starting with your most recent position. Attach a separate sheet if needed. A resume may be submitted, but the application is still required.

Are you presently employed? Yes No May we contact your present employer for a work reference? Yes No After notice is given

Dates Employed From: _____ To: _____ Beg. Salary _____ Ending Salary _____
Name of Employer _____ Telephone # (____) _____
Complete Address _____
Name/Title of Supervisor _____ May we contact? _____
Title & Description of Duties Performed: _____
Your reason(s) for Leaving? _____

Dates Employed From: _____ To: _____ Beg. Salary _____ Ending Salary _____
Name of Employer _____ Telephone # (____) _____
Complete Address _____
Name/Title of Supervisor _____ May we contact? _____
Title & Description of Duties Performed: _____
Your reason(s) for Leaving? _____

Dates Employed From: _____ To: _____ Beg. Salary _____ Ending Salary _____
Name of Employer _____ Telephone # (____) _____
Complete Address _____
Name/Title of Supervisor _____ May we contact? _____
Title & Description of Duties Performed: _____
Your reason(s) for Leaving? _____

Dates Employed From: _____ To: _____ Beg. Salary _____ Ending Salary _____
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Complete Address _____
Name/Title of Supervisor _____ May we contact? _____
Title & Description of Duties Performed: _____
Your reason(s) for Leaving? _____

Dates Employed From: _____ To: _____ Beg. Salary _____ Ending Salary _____
Name of Employer _____ Telephone # (____) _____
Complete Address _____
Name/Title of Supervisor _____ May we contact? _____
Title & Description of Duties Performed: _____
Your reason(s) for Leaving? _____

EDUCATIONAL DATA

SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	DEGREE
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER: Professional trade, Secy., etc.			

SPECIALIZED TRAINING AND/OR EXPERIENCE

COMMERCIAL	PROFESSIONAL List certifications (if any)	OTHER: List any special qualifications not covered elsewhere in this application
<input type="checkbox"/> CRT - Data Entry		
<input type="checkbox"/> Typing (WPM)		
<input type="checkbox"/> Computers/Programming		
<input type="checkbox"/> PBX		
<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Spreadsheets		
<input type="checkbox"/> Calculator/Adding Machine		
<input type="checkbox"/> Imaging Software		
<input type="checkbox"/> Copiers		

The Supervisor of Elections Office frequently needs to communicate with voters and others who may not speak English. If you are proficient in a language other than English, please complete the following section.

1.	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak
2.	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak
3.	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak

PERSONAL REFERENCES

List two people who are **NOT** related to you and are **NOT** previous employers.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.			
2.			

Have you ever been Dismissed or Forced to resign from any Job? YES NO If YES, please explain:

Do you have any friends or relatives working for the Supervisor of Elections? YES NO

If YES, Name: Relationship:

Have you ever been employed with the Orange County Supervisor of Elections Office? YES NO

If YES, when? Why did you leave?

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED AND DATED ARE CONSIDERED VALID.

I hereby declare that the information provided by me in this application is true and complete. I understand that falsification of any information is grounds for refusal to hire, or if hired, grounds for termination.

If I am hired, I agree to conform to the rules and policies of the Supervisor of Elections and to work overtime as requested. I understand that these rules and policies may be changed, interpreted, withdrawn, or added to by the Supervisor of Elections at any time, at the Supervisor's sole option and without any prior notice to me.

I authorize any of the persons or organizations referenced in this application to release any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application. I release all such parties from all liability for any damage, which may result from furnishing such information.

I authorize you to request, receive and verify all information given in this application.

I further acknowledge that if I am employed by the Orange County Supervisor of Elections, my employment will be at will, and may be terminated with or without cause, at any time, by me or the Supervisor of Elections.

I understand that any employment offer is contingent upon satisfactory completion of a prescribed post-offer physical examination and that the Supervisor of Elections shall be without liability for any claims connected with this exam. I understand that this exam is required of all new hires. Furthermore, I agree that this examination is solely for the benefit of the Supervisor of Elections and not for my benefit. Additionally, I understand that this examination includes a drug and alcohol test. If those test results are positive, I may be disqualified from employment at the Supervisor of Elections Office.

I understand that I may be requested to submit to a drug and alcohol test if either my job performance is perceived to be impaired or if I am involved in an accident during work hours. Positive results can affect my eligibility for workers' compensation benefits and can lead to disciplinary action up to and including immediate dismissal from employment.

I have read and understand the above statements.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Requisition #:	_____	Department:	_____
Position Title:	_____		
Start Date:	_____	Rate of Pay:	_____

