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| **OFFICE OF THE DISTRICT ATTORNEY**  **ALAMEDA COUNTY**  **EMPLOYMENT APPLICATION**  An Equal Opportunity Employer  Alameda County District Attorney’s Office  1225 Fallon Street, Room 900  Oakland, California 94612  (510) 272-6222 |  | OFFICE USE ONLY | | | |
| A  | S  | R  | Date \_\_\_\_\_\_\_\_ |
| Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| EXACT TITLE OF POSITION YOU ARE APPLYING FOR | SOCIAL SECURITY NUMBER | | | | | | | | | | |
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| NAME |  | | | |  | | | | | | | | |  | |
| LAST NAME | | | | FIRST NAME | | | | | | | | | FULL MIDDLE NAME | |
| PREVIOUS NAMES | LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE WORKED, GONE TO SCHOOL OR SERVED IN THE ARMED FORCES: | | | | | | | | | | | | | | |
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| ADDRESS |  | | | | | | | | | |  | | | | |
| NUMBER, STREET AND APT. | | | | | | | | | CITY, STATE AND ZIP CODE | | | | | |
| CONTACT  NUMBERS | HOME PHONE (include area code) | | | | | | WORK PHONE (only if we may contact you at work) | | | | | | | | |
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| FAX NUMBER | | | | | | E-MAIL ADDRESS | | | | | | | | |
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| IF YOU ARE NOW  EMPLOYED BY ALAMEDA COUNTY | Regular/Permanent | | Services-as-Needed | | | Provisional | | Temporary | | | | Emergency | | | Unclassified Service |
| EXACT CLASS TITLE | | | | | | | | | | | | | | |
| DEPARTMENT NAME | | | | | | | | | | | | DEPT. NO. | | |
| DRIVER’S LICENSE | CLASS (Check one): **A B C ID CARD** | | | | | | | | This information must be provided if a driver’s license is a minimum requirement for the position you are applying for. Please circle the license class. Non-drivers should provide information from state-issued identification card, if available. | | | | | | |
| ISSUING STATE & NUMBER: | | | Click here to enter text. | | | | |
| EXPIRATION DATE: | Click here to enter text. | | | | | | |
| SKILLS SUMMARY | TYPING SPEED       WPM; SHORTHAND SPEED       WPM;  COMPUTER SKILLS:  FLUENCY IN LANGUAGE(S) OTHER THAN ENGLISH (Please Name): | | | | | | | | | | | | | | |

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| **SPECIAL SKILLS AND ABILITIES**  Related to or required by the position for which you are applying. |

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| TYPING AND WORD PROCESSING | SHORTHAND AND MACHINE TRANSCRIPTION | FLUENT IN A LANGUAGE  **OTHER THAN ENGLISH** | PC SOFTWARE AND OPERATING SYSTEMS |
| SPEED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_WPM  MACHINES  Personal Computer  Typewriter  SOFTWARE  Corel WORDPERFECT  Version:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Microsoft WORD  Version: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Other(s): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SHORTHAND  SPEED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TRADITIONAL  NON-TRADITIONAL  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MACHINE TRANSCRIPTION  SPEED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_WPM  Expertise (Describe)  Medical \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Legal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  Scientific/Engineering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LANGUAGE #1: \_\_\_\_\_\_\_\_\_\_\_\_  Fluent Speaker  Fluent Reader  Fluent Writer  LANGUAGE #2: \_\_\_\_\_\_\_\_\_\_\_\_  Fluent Speaker  Fluent Reader  Fluent Writer  OTHER LANGUAGES (Describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SPREADSHEETS (Describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GRAPHICS (Describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATABASES (Describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OPERATING SYSTEMS (Describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BASIC EDUCATION** |

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| LAST GRADE COMPLETED |  | NAME & LOCATION OF SCHOOL | |  |
| DID YOU GRADUATE FROM HIGH SCHOOL? | | | **Yes**  **No** | |
| IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A GENERAL EDUCATIONAL DEVELOPMENT CERTIFICATE (“**GED**”) OR A HIGH SCHOOL PROFICIENCY CERTIFICATE? **Yes**  **No** | | | | |

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| **COLLEGE AND/OR UNIVERSITY ATTENDANCE** |

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| NAME AND LOCATION | DATES ATTENDED | COURSE OF STUDY/MAJOR | # OF UNITS COMPLETED | | TYPE OF DEGREE SOUGHT | DEGREE AWARDED? | | DATE DEGREE AWARDED |
| SEM | QTR | YES | NO |
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| **JOB-RELATED ACADEMIC, TECHNICAL OR VOCATIONAL TRAINING** |

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| NAME AND LOCATION OF INSTITUTION | TITLE OR DESCRIPTION OF COURSE WORK | LENGTH OF COURSE | DATE ATTENDED |
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| **PROFESSIONAL CREDENTIALS (LICENSES, CERTIFICATES, REGISTRATIONS)**  **Related to or required by the position for which you are applying.** |

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| NAME OR DESCRIPTION | ISSUING AGENCY OR BOARD | SERIAL # | ISSUE DATE | EXPIRATION DATE | |
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| **EMPLOYMENT HISTORY – PAID, UNPAID, MILITARY**  **All sections of this application must be completely filled out, including the information requested below.** | | | | |

Although you may attach a resume to further describe your qualifications, it **does not** substitute for completing the application form. List your complete work record, beginning with your current employer or most recent experience. List each promotion separately. Explain gaps between employment periods. Include volunteer work, military service. Describe duties as completely as possible. **If more space is needed, make a photocopy of this page or use separate sheet(s) prepared in the same format (include dates and hours) and attach securely.**

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| FROM (Mo/Yr) | CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME) | | TITLE OF YOUR CURRENT/MOST RECENT POSITION | | NO. OF EMPLOYEES SUPERVISED BY YOU |
| TO (Mo/Yr) |  | |  | |  |
| REGULAR HOURS PER WEEK | STREET OR MAILING ADDRESS | | YOUR SUPERVISOR’S NAME | | |
| CITY/STATE/ZIP CODE | | SUPERVISOR’S TITLE | | PHONE NUMBER ( ) |
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| REASON FOR LEAVING | DUTIES | | | | |
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| FROM (Mo/Yr) | CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME) | | TITLE OF YOUR CURRENT/MOST RECENT POSITION | | NO. OF EMPLOYEES SUPERVISED BY YOU |
| TO (Mo/Yr) |  | |  | |  |
| REGULAR HOURS PER WEEK | STREET OR MAILING ADDRESS | | YOUR SUPERVISOR’S NAME | | |
| CITY/STATE/ZIP CODE | | SUPERVISOR’S TITLE | | PHONE NUMBER ( ) |
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| REASON FOR LEAVING | DUTIES | | | | |
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| FROM (Mo/Yr) | CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME) | | TITLE OF YOUR CURRENT/MOST RECENT POSITION | | NO. OF EMPLOYEES SUPERVISED BY YOU |
| TO (Mo/Yr) |  | |  | |  |
| REGULAR HOURS PER WEEK | STREET OR MAILING ADDRESS | | YOUR SUPERVISOR’S NAME | | |
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| FROM (Mo/Yr) | CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME) | TITLE OF YOUR CURRENT/MOST RECENT POSITION | | NO. OF EMPLOYEES SUPERVISED BY YOU | |
| TO (Mo/Yr) |  |  | |  | |
| REGULAR HOURS PER WEEK | STREET OR MAILING ADDRESS | YOUR SUPERVISOR’S NAME | | | |
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**Indicate regular hours per week only. Omit overtime hours. Include area code for all telephone numbers.**

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| FROM (Mo/Yr) | CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME) | TITLE OF YOUR CURRENT/MOST RECENT POSITION | NO. OF EMPLOYEES SUPERVISED BY YOU | |
| TO (Mo/Yr) |  |  |  | |
| REGULAR HOURS PER WEEK | STREET OR MAILING ADDRESS | YOUR SUPERVISOR’S NAME | | |
| CITY/STATE/ZIP CODE | SUPERVISOR’S TITLE | PHONE NUMBER ( ) | |
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| REASON FOR LEAVING | DUTIES | | | |
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| **Indicate regular hours per week only. Omit overtime hours. Include area code for all telephone numbers.**  PLEASE CHECK HERE IF YOU HAVE ATTACHED ADDITIONAL SHEETS. | | | | |
| **ADDITIONAL INFORMATION** | | | |

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| Have you ever been discharged from a position (or released during probation) or have you ever been forced to resign? **Yes**  **No**  If “Yes,” please explain:  Inquiries may be made of your former employers or school administrators regarding your duties and performance record. May we contact your **present** employer? (Applies to pre-offer inquiries only.)  **Yes**  **No**  Are you 21 years of age or older? **Yes**  **No**  If you are 17 years of age or younger, please indicate your age:       .  Can you, upon employment, provide proof of identity and proof of eligibility to work in the United States? **Yes**  **No**  Provide the name of a person (local, if possible) who would know your address at any time: |

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| NAME | TELEPHONE NUMBER |
|  |  |
| ADDRESS | CITY/STATE |

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| **APPLICANT CERTIFICATION** |

I certify that all statements made in this application are true and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the County of Alameda, Office of the District Attorney.

X

**SIGNATURE DATE**

The County of Alameda is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EPO (equal employment opportunity) statistical reporting purposes. The California Government Code permits public employers to solicit such information on a voluntary basis.

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| **EXACT TITLE OF POSITION YOU ARE APPLYING FOR:** | **DATE:** |

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| **SEX**  MALE  FEMALE | **ARE YOU OVER AGE 40?**   YES  NO | **DATE OF BIRTH** (Month/Day/Year): |

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| **RACIAL OR ETHNIC GROUP** (PLEASE CHECK OR COMPLETE ONE BOX ONLY) | | |
| **WHITE** (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. | **BLACK** (Not of Hispanic origin): All persons having origins in the Black racial groups of Africa. | **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. The area includes, for example, China, India, Korea, and Samoa. | **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. | **FILIPINO**: All persons having origins in the peoples of the Philippine Islands. |
| **OTHER** (Please specify): | | |

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| **ARE YOU AN INDIVIDUAL WITH A**  **DISABILITY?**  NO  YES | **ARE YOU VIETNAM ERA VETERAN?**  NO  YES | **ARE YOU A DISABLED VETERAN?**  NO  YES |

Form DA-045, Revised 1/18

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| **HOW DID YOU LEARN OF THIS JOB OPPORTUNITY?** | | |
| Bulletin Boards in Alameda County Offices | Radio Announcement | Internet Search |
| Alameda County Examination Hotline | Television Announcement |  |

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| **IF ONE OF THE FOLLOWING, PLEASE SPECIFY:** |
| Posting in Office Other Than County: |
| Minority Organization or Group: |
| Women’s Organization or Group: |
| Newspaper: |
| School/Career Placement Center: |
| Other: |

**PLEASE DO NOT DETACH THIS PORTION. EVEN IF INCOMPLETE**