

# 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 <input type="checkbox"/>	S <input type="checkbox"/>	R <input type="checkbox"/>	Date _____
Reason _____			
_____			
By: _____			

EXACT TITLE OF POSITION YOU ARE APPLYING FOR	SOCIAL SECURITY NUMBER										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										

<b>NAME</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 2px;">LAST NAME</td> <td style="width: 35%; padding: 2px;">FIRST NAME</td> <td style="width: 30%; padding: 2px;">FULL MIDDLE NAME</td> </tr> </table>			LAST NAME	FIRST NAME	FULL MIDDLE NAME
LAST NAME	FIRST NAME	FULL MIDDLE NAME				
<b>PREVIOUS NAMES</b>	LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE WORKED, GONE TO SCHOOL OR SERVED IN THE ARMED FORCES:					
<b>ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">NUMBER, STREET AND APT.</td> <td style="width: 40%; padding: 2px;">CITY, STATE AND ZIP CODE</td> </tr> </table>			NUMBER, STREET AND APT.	CITY, STATE AND ZIP CODE	
NUMBER, STREET AND APT.	CITY, STATE AND ZIP CODE					
<b>CONTACT NUMBERS</b>	HOME PHONE (include area code)	WORK PHONE (only if we may contact you at work)				
	FAX NUMBER	E-MAIL ADDRESS				
<b>IF YOU ARE NOW EMPLOYED BY ALAMEDA COUNTY</b>	Regular/Permanent <input type="checkbox"/> Services-as-Needed <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> Emergency <input type="checkbox"/> Unclassified Service <input type="checkbox"/>					
	EXACT CLASS TITLE					
	DEPARTMENT NAME	DEPT. NO.				
<b>DRIVER'S LICENSE</b>	CLASS (Check one): <b>A</b> <b>B</b> <b>C</b> <b>ID CARD</b>		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: _____					
	EXPIRATION DATE: _____					
<b>SKILLS SUMMARY</b>	TYPING SPEED _____ WPM;    SHORTHAND SPEED _____ WPM;					
	COMPUTER SKILLS: _____					
	FLUENCY IN LANGUAGE(S) OTHER THAN ENGLISH (Please Name): _____					

### SPECIAL SKILLS AND ABILITIES

Related to or required by the position for which you are applying.

TYPING AND WORD PROCESSING	SHORTHAND AND MACHINE TRANSCRIPTION	FLUENT IN A LANGUAGE OTHER THAN ENGLISH	PC SOFTWARE AND OPERATING SYSTEMS
SPEED: _____ WPM MACHINES <input type="checkbox"/> Personal Computer <input type="checkbox"/> Typewriter SOFTWARE <input type="checkbox"/> Corel WORDPERFECT Version: _____ <input type="checkbox"/> Microsoft WORD Version: _____ <input type="checkbox"/> Other(s): _____ _____ _____	SHORTHAND SPEED: _____ <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> NON-TRADITIONAL _____ MACHINE TRANSCRIPTION SPEED: _____ WPM Expertise (Describe) <input type="checkbox"/> Medical _____ <input type="checkbox"/> Legal _____ <input type="checkbox"/> Scientific/Engineering _____ _____	LANGUAGE #1: _____ <input type="checkbox"/> Fluent Speaker <input type="checkbox"/> Fluent Reader <input type="checkbox"/> Fluent Writer LANGUAGE #2: _____ <input type="checkbox"/> Fluent Speaker <input type="checkbox"/> Fluent Reader <input type="checkbox"/> Fluent Writer OTHER LANGUAGES (Describe) _____ _____ _____	SPREADSHEETS (Describe) _____ _____ GRAPHICS (Describe) _____ _____ DATABASES (Describe) _____ _____ OPERATING SYSTEMS (Describe) _____ _____ _____

### BASIC EDUCATION

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

### COLLEGE AND/OR UNIVERSITY ATTENDANCE

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	

### JOB-RELATED ACADEMIC, TECHNICAL OR VOCATIONAL TRAINING

NAME AND LOCATION OF INSTITUTION	TITLE OR DESCRIPTION OF COURSE WORK	LENGTH OF COURSE	DATE ATTENDED

### PROFESSIONAL CREDENTIALS (LICENSES, CERTIFICATES, REGISTRATIONS)

Related to or required by the position for which you are applying.

NAME OR DESCRIPTION	ISSUING AGENCY OR BOARD	SERIAL #	ISSUE DATE	EXPIRATION DATE

**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.**

FROM (Mo/Yr) TO (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ( )
REASON FOR LEAVING	DUTIES		
FROM (Mo/Yr) TO (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ( )
REASON FOR LEAVING	DUTIES		
FROM (Mo/Yr) TO (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ( )
REASON FOR LEAVING	DUTIES		
FROM (Mo/Yr) TO (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER ( )
REASON FOR LEAVING	DUTIES		

**Indicate regular hours per week only. Omit overtime hours. Include area code for all telephone numbers.**

FROM (Mo/Yr) TO (Mo/Yr)	CURRENT/MOST RECENT EMPLOYER (BUSINESS, AGENCY OR DEPT NAME)	TITLE OF YOUR CURRENT/MOST RECENT POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU
REGULAR HOURS PER WEEK	STREET OR MAILING ADDRESS	YOUR SUPERVISOR'S NAME	
	CITY/STATE/ZIP CODE	SUPERVISOR'S TITLE	PHONE NUMBER (     )
REASON FOR LEAVING	DUTIES		

**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**

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:

NAME

TELEPHONE NUMBER

ADDRESS

CITY/STATE

**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.

<b>EXACT TITLE OF POSITION YOU ARE APPLYING FOR:</b>	<b>DATE:</b>
--	--------------

<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>ARE YOU OVER AGE 40?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE OF BIRTH</b> (Month/Day/Year):
--	--	--

<b>RACIAL OR ETHNIC GROUP (PLEASE CHECK OR COMPLETE ONE BOX ONLY)</b>		
<input type="checkbox"/> <b>WHITE</b> (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> <b>BLACK</b> (Not of Hispanic origin): All persons having origins in the Black racial groups of Africa.	<input type="checkbox"/> <b>HISPANIC</b> : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> <b>ASIAN OR PACIFIC ISLANDER</b> : 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.	<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKAN NATIVE</b> : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	<input type="checkbox"/> <b>FILIPINO</b> : All persons having origins in the peoples of the Philippine Islands.
<input type="checkbox"/> <b>OTHER</b> (Please specify):		

<b>ARE YOU AN INDIVIDUAL WITH A DISABILITY?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>ARE YOU VIETNAM ERA VETERAN?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>ARE YOU A DISABLED VETERAN?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES
--	--	---

Form DA-045, Revised 1/18

<b>HOW DID YOU LEARN OF THIS JOB OPPORTUNITY?</b>		
<input type="checkbox"/> Bulletin Boards in Alameda County Offices	<input type="checkbox"/> Radio Announcement	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Alameda County Examination Hotline	<input type="checkbox"/> Television Announcement	

<b>IF ONE OF THE FOLLOWING, PLEASE SPECIFY:</b>
<input type="checkbox"/> Posting in Office Other Than County:
<input type="checkbox"/> Minority Organization or Group:
<input type="checkbox"/> Women's Organization or Group:
<input type="checkbox"/> Newspaper:
<input type="checkbox"/> School/Career Placement Center:
<input type="checkbox"/> Other:

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