

## EQUAL EMPLOYMENT OPPORTUNITY

To assist Plumas Rural Services, Inc. in its commitment to equal employment opportunity, all applicants and newly hired employees are asked to voluntarily provide the following information. The information provided will not be used in the hiring process. This section WILL be separated from the application prior to review for employment.

1. Your gender

☐ Male ☐ Female

2. Your age group

☐ under 21 ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70 and over

3. Please check the one box which best describes your race/ethnicity.

- ☐ **White** – (not of Hispanic origin) – Persons having origins in any of the original peoples of Europe, South Africa, or the Middle East.
- ☐ **African-American** – (not of Hispanic origin) – Persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic** – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander** – (except Filipino) – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, and Samoa.
- ☐ **Filipino** – Persons having origins in any of the original peoples of the Philippine Islands.
- ☐ **American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

4. Check all disabilities you have which impair one or more of your major life activities (caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and holding gainful employment): ☐ No Disabilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sight                   | <input type="checkbox"/> Hearing                   | <input type="checkbox"/> Speech                |
| <input type="checkbox"/> Orthopedic/Amputations  | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Neurological/Dyslexia |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Heart-Circulatory         | <input type="checkbox"/> Blood                 |
| <input type="checkbox"/> Respiratory             | <input type="checkbox"/> Digestive                 | <input type="checkbox"/> Kidney                |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Skin Conditions       |
| <input type="checkbox"/> Mental/Emotional        | <input type="checkbox"/> Alcoholism/Drug Addiction | <input type="checkbox"/> Other (Specify) _____ |

5. Are you a veteran, spouse of a 100% disabled veteran or a widow or widower of a veteran?

☐ Yes ☐ No

Thank you for your assistance!

**PLUMAS RURAL SERVICES, INC.**  
**EMPLOYMENT APPLICATION**

Return Application with Resume and Cover Letter To:

Plumas Rural Services, Inc.  
711 E. Main St.  
Quincy, CA 95971  
Attn: Human Resources

PLEASE PRINT OR TYPE

Plumas Rural Services is an Equal Opportunity Affirmative Action Employer. PRS will not discriminate against an applicant because of race, disability, color, creed, religion, sex, age, national origin, ancestry, citizenship, veteran status, sexual orientation and gender identity/expression.

Date: \_\_\_\_\_

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**PERSONAL INFORMATION**

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Name: \_\_\_\_\_  
Last First Middle Previous Name, if applicable

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

When are you available to start: \_\_\_\_\_

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are you over eighteen years of age? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Do you possess a driver's license? ☐ Yes ☐ No

If yes, DL Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Expiration: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_

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**EDUCATION**

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Check the appropriate box if you possess one of the following:

☐ High School    ☐ G.E.D.    ☐ California High School Proficiency Certificate

College, Business/Trade Schools, Special Training Name and City/State	Course of Study/Major	Units Completed	Degree/Certificate Yes or No	Type of Degree or Certificate

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**LICENSES OR PERMITS HELD**

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Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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**OTHER SKILLS**

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**Computer Skills**

Please list computer software used, versions of the software, dates used and your level of proficiency:

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**Other Relevant Skills**

In addition to your employment history, please summarize other experiences, skills, training, professional licenses, or qualifications you possess that are relevant to this position.

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**EMPLOYMENT HISTORY**


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You must complete this section. Do not attach a resume as a substitute. Begin with your most recent experience, starting with your current job. Be sure to include all experience which demonstrates that you meet the minimum qualifications as shown on the announcement and job description for the position. Attach sheets if you need more space to describe or list former employers. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately.

Mo/Yr To	Mo/Yr	Employer's Name, Address and Telephone Number	Title of Your Position:
Hrs wk.:		Name:	Duties Performed:
Reason for leaving:		Address:	
		Telephone #:	
Mo/Yr To	Mo/Yr	Employer's Name, Address and Telephone Number	Title of Your Position:
Hrs wk.:		Name:	Duties Performed:
Reason for leaving:		Address:	
		Telephone #:	
Mo/Yr To	Mo/Yr	Employer's Name, Address and Telephone Number	Title of Your Position:
Hrs wk.:		Name:	Duties Performed:
Reason for leaving:		Address:	
		Telephone #:	
Mo/Yr To	Mo/Yr	Employer's Name, Address and Telephone Number	Title of Your Position:
Hrs wk.:		Name:	Duties Performed:
Reason for leaving:		Address:	
		Telephone #:	

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**TIME NOT ACCOUNT FOR**

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Please explain any lapses of time from your employment history above.

Mo/Yr To	Mo/Yr	Explanation:
Mo/Yr To	Mo/Yr	Explanation:

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**REFERENCES**

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Please provide 3 people not related to you who have known you for at least 1 year that can provide a ***business/professional reference***.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business/Professional Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business/Professional Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business/Professional Relationship: \_\_\_\_\_

<b>CERTIFICATION OF APPLICANT (Read Carefully)</b>
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I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in my disqualification or dismissal from employment with Plumas Rural Services, Inc. I hereby authorize all employers and schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage that may result from furnishing the information requested.

I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between Plumas Rural Services and me.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_