

# LAFCO of Monterey County

**Employment Application**  
*An Equal Opportunity Employer*

Please submit a completed LAFCO application,  
 responses to supplemental questions and a list of  
 three professional references to:

**LAFCO of Monterey County**

132 W. Gabilan St.  
 Salinas, CA 93901 or  
 PO Box 1369  
 Salinas, CA 93902

1. Social Security Number:		2. Exam Number:		3. Position Applied for:	
4. Last Name:			First:		Middle Initial:
5. Mailing Address:			City:		State: Zip:
6. Daytime Telephone:		Home Telephone:		Email address:	
7. Driver's License Number:		Class:		Expiration: State:	
8. Are you able to produce documents that verify your right to work in the United States? Persons under age 18 must be able to produce a valid work permit upon employment.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you currently a LAFCO employee?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been employed by LAFCO of Monterey County? If yes, indicate: Dates: _____ Position: _____ Name(s) at time of employment: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any relatives employed by LAFCO of Monterey County? There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband and Child. Each case is considered separately for potential conflict of interest. If yes, indicate: Name: _____ Department: _____ Relationship: _____ Name: _____ Department: _____ Relationship: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
12. What type of work will you accept? (Check all that apply)				13. How soon are you available for employment? _____	
Type of Hire: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal Hours Worked: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call					
13. Second Language Skills: If you have no second language, skip this question and go to question 18. Please indicate your level of skill in the following languages (other than English) by selecting the appropriate letter code in front of the language. CHOOSE ONLY ONE LETTER CODE PER LANGUAGE.  Letter Codes: 1 = I can carry on a conversation freely but cannot read/write. 2. = I can carry on a conversation and can read/write.  Choose appropriate box below:  <input type="checkbox"/> 1 <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 1 <input type="checkbox"/> 2 Tagalog <input type="checkbox"/> 1 <input type="checkbox"/> 2 Vietnamese <input type="checkbox"/> 1 <input type="checkbox"/> 2 Ilocano <input type="checkbox"/> 1 <input type="checkbox"/> 2 Korean <input type="checkbox"/> 1 <input type="checkbox"/> 2 Other (Specify) _____					

Applicant Name: \_\_\_\_\_ Exam Number: \_\_\_\_\_

14. EDUCATION AND TRAINING SUMMARY			
Provide information for education as it relates to the position for which you are applying.			
Colleges, Vocational or Technical Schools, Training Center	Major Subject	Units Completed	Type Degree/Certificate
Licenses and Certificates (State, Professional, Nursing, Trade, etc. which are required for this position).			
15. EMPLOYMENT HISTORY			
Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the section below the duties you performed which demonstrate that you have the knowledge and skills to perform the duties of the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but is not a substitute for the application or for completing this section. THIS SECTION MUST BE COMPLETED. If a response to a supplemental questionnaire is required, it must accompany this application. (Incomplete applications may be returned.)			
Date and Salary Information	Employer Information	Occupation and Description of Duties	
From:	Employer:	Job Title:	
To:	Address:	Your Duties:	
(Mo/Day/Year)	Telephone:		
Monthly Salary: \$	Supervisor's Name:		
Hours per week:	Supervisor's Title:		
Reason for Leaving:			
From:	Employer:	Job Title:	
To:	Address:	Your Duties:	
(Mo/Day/Year)	Telephone:		
Monthly Salary: \$	Supervisor's Name:		
Hours per week:	Supervisor's Title:		
Reason for Leaving			
From:	Employer:	Job Title:	
To:	Address:	Your Duties:	
(Mo/Day/Year)	Telephone:		
Monthly Salary: \$	Supervisor's Name:		
Hours per week:	Supervisor's Title:		
Reason for Leaving			

16. I hereby certify that all information on this application is true to the best of my knowledge, and understand that omission of any material fact or falsification of information on this application may lead to the removal of my name from the eligibility list or termination from employment.

Signature of Applicant: \_\_\_\_\_

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

**EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM**

This form will be detached from your employment application and will be treated as confidential. In order to achieve and maintain equal employment opportunity, LAFCO of Monterey County requests that all persons complete this portion of the application. If you require test accommodation due to a disability, please call (831) 754-5838. Please make the request at the time of application.

**1. Ethnic Category:** (Choose only one)

- 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 any of the Black racial groups of Africa
- HISPANIC**  
All persons of Cuban, Mexican, Puerto Rican, 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, Indian Subcontinent, or Pacific Islands (does not include Filipinos)
- FILIPINO**  
All persons having origins in the peoples of the Philippine Islands
- AMERICAN INDIAN or ALASKA 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

**2. Gender**

- Male
- Female

**3. Are you 40 years of age or older?**

- Yes
- No

**4. Do you require test accommodation?**

- Yes
- No

**5. Job Source Information**

I learned about this job opening through (check the appropriate boxes)

- Friend/Relative
- LAFCO Employee
- LAFCO Employment Announcement
- LAFCO Office
- Interest Card
- Organization/Group (please specify) \_\_\_\_\_
- Advertisement (please specify which paper/magazine/radio) \_\_\_\_\_
- Website – LAFCO of Monterey County
- Website – Other (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

17. SUPPLEMENTAL QUESTIONS FOR SENIOR ANALYST CANDIDATES

Please answer all of the following questions to the best of your ability, keeping each response to about 250 words or less:

1. Please describe your experience, education and training to analyze and prepare studies, reports and recommendations that comply with the Cortese-Knox-Hertzberg Act, CEQA, and State and local laws and policies that relate to LAFCO. Give specific examples of relevant experience.

2. Please describe your work experience with multiple constituencies, consensus building, and competing regional issues. Include an example in which you had to weigh conflicting policy, political or professional priorities, and how you handled the situation.

3. Please describe your experience in presenting policy and technical information at public meetings.

PLEASE COMPLETE THE EXPANDABLE BOX BELOW WITH YOUR ANSWERS OR SUBMIT A SEPARATE RESPONSE WITH YOUR APPLICATION:

**RESPONSES:**

Large expandable box for responses.