

PLEASE PRINT  
USE INK OR TYPEWRITER  
ANSWER ALL QUESTIONS



# COUNTY OF INYO

RETURN TO:  
Personnel Department  
P. O. Box 249  
Independence, CA 93526

## APPLICATION FOR EMPLOYMENT

NAME: (LAST, FIRST, MIDDLE INITIAL) **Hollowell, Jeff R** POSITION APPLIED FOR: **Sheriff's Investigator**

MAILING ADDRESS: (STREET) (CITY) (STATE) (ZIP CODE) DATE: **1-17-03**

DO YOU HAVE A DRIVER'S LICENSE NOW?  Yes  No SOCIAL SECURITY NUMBER: TELEPHONE:  
IF YES, WHAT KIND:  Class A  Class B  Class C  Class D

Have you ever been convicted by a court for any offense? Do not include convictions before your 18th Birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. Explain:

**ONCE AGAIN, HOLLOWELL FALSIFYS HIS APPLICATION FOR EMPLOYMENT BY ADDING FIVE YEARS TO HIS LENGTH OF MILITARY SERVICE.**

Have you previously been employed by the County?  Yes  No  
Were you in the U.S. Armed Forces?  No  Yes BRANCH Army/ USAR from 1982 to 1988

EDUCATION:  
Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College or University 1 2 3 4 5

HIGH SCHOOL OR GED	COURSE	GRADUATED		
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Bishop Union High School	General			
JUNIOR COLLEGE/COLLEGE	MAJOR	UNITS	DATE GRAD.	DEGREE
College of the Redwoods	Criminal Justice			
UNIVERSITY/GRADUATE SCHOOL	MAJOR	UNITS	DATE GRAD.	DEGREE

PROFESSIONAL LICENSES OR REGISTRATIONS HELD  
**POST Intermediate and POST Advanced Certificates**

COMPUTER KNOWLEDGE:

TYPEWRITING SPEED: SHORTHAND SPEED: OTHER MACHINES OPERATED:

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH?  Yes  No IF YES, WHICH ONE?  
WILL YOU ACCEPT TEMPORARY WORK?  Yes  No WILL YOU ACCEPT PART-TIME WORK?  Yes  No

LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE ACQUIRED, DATES AND WHETHER COMPLETED SUCCESSFULLY.  
**See Resume**

LIST ANY VOLUNTEER SERVICES WHICH MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (LIST IN DETAIL - USE ADDITIONAL PAGES IF NECESSARY.)

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)  
I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of the County of Inyo. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize disclosure of any and all information related to my work records, without giving me prior notice of such disclosure. In addition I hereby release Inyo County, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure. I further agree to be fingerprinted, to submit to a complete medical examination by a County physician, upon employment, to furnish such proof of age and citizenship as may be directed.  
Signature:

DO NOT WRITE IN THIS BLOCK - SKIP TO AFFIRMATIVE ACTION SECTION AND THEN COMPLETE EMPLOYMENT RECORD ON REVERSE

EXAMINATION		QUALIFICATIONS	
WRITTEN	<p><i>Exam</i></p> <p>Shorthand Speed</p>	DISQUALIFIED:	<p><b>RECEIVED</b></p> <p>EXAMINATION</p> <p>JAN 22 2003</p> <p>OTHER</p> <p>INYO CO. PERSONNEL</p>
ORAL		EDUCATION	
Typing Speed		EXPERIENCE	

COMMENTS: