PRS
711 East Main Street, Quincy, CA 95971
www.PlumasRuralServices.org
530-283-2735 | 530-283-3647

VOLUNTARY SELF-IDENTIFICATION FORM

Employer: Plumas Rural Services, Inc.

Instructions: This company is an equal opportunity employer. To help us comply with federal and state record-keeping and reporting requirements, we invite you to voluntarily, self-identify. This form is **CONFIDENTIAL** and will be kept in a separate file from your application. It will **NOT** be used in any hiring or employment decisions.

1. GENDER IDENTITY

[ ] Male [ ] Female [ ] Non-Binary / Gender X [ ] I do not wish to disclose

2. RACE AND ETHNICITY (Select all that apply)

[ ] American Indian or Alaska Native
[ ] Asian
[ ] Black or African American
[ ] Hispanic or Latino
[ ] Middle Eastern or North African (MENA)
[ ] Native Hawaiian or Other Pacific Islander
[ ] White
[ ] I do not wish to disclose

3. DISABILITY STATUS

Do you have a disability (physical or mental) that limits a major life activity?
[ ] Yes [ ] No [ ] I do not wish to answer

4. VETERAN STATUS

[ ] I am a protected veteran [ ] I am NOT a veteran [ ] I do not wish to disclose

Name (Optional): _____ **Date:** _____

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Employment Application

GENERAL INFORMATION

Name:	Social Security No.:	Application Date:
Previous Last Name Used:	Current Street Address:	
City:	State:	Zip:
Email Address:	Area Code & Home Phone Number: ( )	
If not a resident at current address for 2 years, give previous address & phone number:	Lived There From:	To:

Are you a United States citizen or legally authorized to work in the United States? ☐ Yes ☐ No
(All persons; upon hiring, must verify eligibility to be employed in the United States.)

List states and counties of residence for the past 7 years:

How did you hear about this position?

Have you ever worked for this company before? ☐ Yes ☐ No If yes, when and in what department/location?

In case of an emergency, who should we notify?	Name:	Address:	Phone Number: ( )

JOB INTEREST

Position Applying For:	Referred By:

Type of employment desired (check one): ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer

Shift Preference:	Salary Required:
Are you willing to work overtime? ☐ Yes ☐ No	Are you willing to work weekends? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No If yes, how often?

Date available to begin work:	Are you 18 or over? ☐ Yes ☐ No

EDUCATION

Name & Address of School Attended		Did you graduate?	List Diploma or Degree
High School		☐ Yes ☐ No ☐ Attending	
College or University		☐ Yes ☐ No ☐ Attending	
Other		☐ Yes ☐ No ☐ Attending	

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PERSONAL REFERENCES			
Please list three people who know of your qualifications and work abilities **(do not include relatives):**			
Name:	Address:	Phone Number:	Occupation:
		( )	
		( )	
		( )	

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Employment History

Please list below your Employment History beginning with your most recent employer. Account for all periods of time, including part-time work, military service or unemployment. May we contact your present employer for references? ☐ Yes ☐ No If additional space is needed, please attach supplemental information.

EMPLOYER NAME & ADDRESS

From		To		Supervisor Name:	Phone Number:
Month	Year	Month	Year	Department:	Employer Use Only Dates Verified ☐ Position Verified ☐

Job Title & Description of Your Duties:

Reason For Leaving:

EMPLOYER NAME & ADDRESS

From		To		Supervisor Name:	Phone Number:
Month	Year	Month	Year	Department:	Employer Use Only Dates Verified ☐ Position Verified ☐

Job Title & Description of Your Duties:

Reason For Leaving:

EMPLOYER NAME & ADDRESS

From		To		Supervisor Name:	Phone Number:
Month	Year	Month	Year	Department:	Employer Use Only Dates Verified ☐ Position Verified ☐

Job Title & Description of Your Duties:

Reason For Leaving:

EMPLOYER NAME & ADDRESS

From		To		Supervisor Name:	Phone Number:
Month	Year	Month	Year	Department:	Employer Use Only Dates Verified ☐ Position Verified ☐

Job Title & Description of Your Duties:

Reason For Leaving:

SPECIAL SKILLS & QUALIFICATIONS

Please summarize special skills, qualifications, military service details (dates, branch & rank), as well as any civic, social or professional memberships:

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Release and Consent

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President. No supervisor, representative, agent, or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

I understand and agree to take any physical examination, and pre-employment test, including drug screening test, all such tests will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers, and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender (sex), national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Applicant's Signature **Date**