

COUNTY OF ORANGE - OC CAREER ACADEMY APPLICATION



INSTRUCTIONS: Please complete and return via email to occareeracademy@ocgov.com. Optional: You may also include a copy of your resume and letters of recommendation.

Last Name	First Name	MI	Select the Title of Position you are applying for:							
				Laborer						
Street Address	Apt/Ur	nit #	City			State 2	Zip Code			
Phone Number	E-Mail Address		Please to work		ch Landfill lo	cations you	are available			
				Brea	Irvine	San Jua	an Capistraano			
AVAILABILITY: Are you a	available to work: Full-time	e, 40-hours per wee	ek?	Yes	No					
For Laborer positions: We	dnesday-Saturday, 10-hour	rs per day?		Yes	No					
For Laborer positions: Mo	nday, Tuesday, Friday & Sa	aturday, 10-hours p	er day?	Yes	No					
EDUCATION: High School Attended	City Year Graduated			Check degree/certificate you have: High School Diploma California High School Proficiency Test G.E.D. Certificate						
EXPERIENCE: Previous experience is not required to participate in the OC Career Academy. If you have any previous work or volunteer experience, you may include it below.										
	Name and Address of Bus	iness or Agency		Title of You	ır Position		# of Employees Supervised			
Hours per week				Name of Su	ıpervisor	Supervis	sor's Phone #			
Reason for Leaving [Outies									
,	Your name with this employ	er if different from	current na	ame:						
Month/Year to Month/Year	Name and Address of Busir	ness or Agency		Title of You	ır Position		# of Employees Supervised			
Hours per week				Name of Su	ıpervisor	Supervisor	's Phone#			
Reason for Leaving	Duties									
	Your name with this emplo	oyer if different from	n current i	name:						
understand that misstaten	CANT: I certify that all state nents or omissions of any t background check and tha	material fact may	be caus	se for disqua	alification. I					

Yes

No

Signature

Can you, after employment, submit proof of your legal right to work in the United States?

Equal Employment Opportunity Data / Personal Information

The County of Orange is required by Federal and State law to collect certain information and maintain statistical data on all applicants. This information is confidential and is not shared with the hiring authority or any person involved in the assessment of applicant knowledge, skills, and abilities to perform the job. The questions below are voluntary and not required.

Last Name	First Nan	First Name		Exact Title of Position for Which You are Applying			
Street Address		Apt. #		City	State	Zip Code	
What is your gender?	Male	Female		Non-Binary			
Please select your ethnicity	from the choices	pelow. (Please check o	one)				
Asian (Includes Japa	nese, Chinese, Ko	rean, or Vietnamese)					
Black (Includes Africa	an, Jamaican, Trin	adian, and West India	n)				
Filipino (includes only	y Filipino)						
Hispanic (Includes M	lexican, Puerto Rio	can, Cuban, Latin Ame	erican or Sp	anish)			
American Indian or A	laskan Native (ba	sed upon Tribal Assoc	ciation)				
Pacific Islander							
White (Includes Indo	-European, Pakist	ani, East Indian)					
Two or more of the a	bove ethnicities						
Other							
Are you 40 years of age or o	older? Y	es No					
Do you have any relatives w	orking for the Cou	nty of Orange?		Yes	No		
If you have relative(s) work answered No to the previou	•	•	n's name(s)	and what is their	relationshi	p to you? If you	

Are you a Veteran? Veteran Definition - Any person who has served full time in the U.S. Armed Forces during the periods of December 11, 1941 to January 31, 1955; or the period after August 5, 1964, and who has been discharged or released under the conditions other than dishonorable. (Does not include persons who served only in auxiliary or reserve components whose service therein did not exempt him/her from the operation of the Selective Training and Services Act of 1940).

Veterans Employment Preference: Eligible veterans and their spouses or widow(er)s who are NOT currently County employees will be given preferential consideration. To claim Veterans Employment Preference, you must select one of the options below and attach the required documentation to your application. To be given credit, attach the required documentation to your application. For additional information, refer to the County's Veterans Employment Preference Policy.

None – I am not eligible for Veterans Employment Preference.

I am a veteran and will submit a copy of my DD-214 or NGB-22.

I am the spouse of a disabled veteran and will submit a copy of my spouse's DD-214 or NGB-22, marriage certificate, and disability award letter from the office of Veteran's Affairs reflecting the veteran's disability rating. "Disabled veteran" means any veteran as defined in Section 18540.4 who is currently declared by the United States Veterans Administration to be 10 percent or more disabled as a result of service in the Armed Forces.

I am the widow(er) of a veteran, have not remarried, and understand I must submit a copy of of my spouse's DD-214, marriage certificate, death certificate and the latest disability award letter from the VA reflecting the veteran's disability (if applicable). Cause of death must be related to service-connected causes.

Please indicate your dates of Military Service, if applicable: