

## DOCUMENT COVER SHEET

If you are sending additional documents with your application now or separately at a later time, you are required to use this Document Cover Sheet for each set of documents you send. Please make a copy of this form if necessary.

If this cover sheet does not accompany your documents, they will not be processed and your application will considered incomplete and will be rejected.

Recruitment Number
Job Title
First three letters of last name at birth Last four digits of SSN Month of Birth Day of Birth
Last Name (Cut off if longer than space provided)
First Name MI
Fill circle completely for each item you are sending.
O Supplemental Questionnaire
○ Veteran's Preference DD214
○ Transcripts/Diplomas
○ Other
Place cover sheet(s) on top of materials and mail, email or fax to:

County of Solano Department of Human Resources 675 Texas Street, Suite 1800 Fairfield CA, 94533 Email: recruitment@solanocounty.com Fax: (707) 784-3424

Date Received / / Received By Number of Pages (non-blank)	