

COUNTY OF SANTA CRUZ SCANNABLE EMPLOYMENT APPLICATION

Last Name (Cut off if longer than space provided)								F	irst	Nar	ne													

Thank you for your interest in employment with the County of Santa Cruz. The attached application is part of the selection process. Before completing the application, read these instructions and the job announcement to ensure you submit all of the information necessary to evaluate your application.

Your application form and all additional materials will be scanned. Complete all forms in BLACK or BLUE ink, using capital letters, and stay within the boxes provided. See example below:

Last Name BROWN	
First Name KATHY	мі 🔣
Mailing Address (please include apartment number)	
5678 WEST MISSION STREET	

If you would like to easily copy your application for other jobs, we encourage you to apply online at: www.santacruzcountyjobs.com

You are required to provide the following tracking information on the application: the first three letters of your last name at birth, the last four digits of your social security number, and the month and day of your birth. Your application will not be processed without this information.

Any additional materials (e.g. supplemental questionnaire, transcripts, etc.) which are sent separately require a completed Document Cover Sheet, which is included in this packet.

Use a separate application for each job for which you apply. Resumes will not be accepted in place of a completed application.

Applications and attachments will not be returned or photocopied for you.

If you have a disability or other reason that would require test accommodation, contact the Personnel Department at (831) 454-2600.

Please notify the Personnel Department if you change your address (including your email address), phone number, or name.

You can check on the status of any recruitment by accessing our online employment center at www.santacruzcountyjobs.com. If you have any other questions, please contact:

County of Santa Cruz Personnel Department

701 Ocean Street, Room 310, Santa Cruz, CA 95060 OR 1430 Freedom Blvd., Ste 101, Watsonville, CA 95076
Phone (831) 454-2600 Fax (831) 454-2240
Equal Opportunity Employer



Gender:

Year of Birth:

Do you have a

disability?

○ Male

○ Yes

HearingSpeech

Mobility

○ Female

O No

O Vision Impairment

Fill circles completely for your choices. If a mark lies entirely outside of the circle, it will not be counted. Example My choice A choice not selected

The County of Santa Cruz asks all applicants for employment to voluntarily complete this form in order to comply with United States Government Equal Employment Opportunity requirements and the County Board of Supervisor's policy. Data collected is confidential and will be used for recruitment statistics only. This information will be kept separate from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction.

Note: APPLICANTS WITH DISABILITIES -If you require testing accommodations, please contact the Personnel Department at the time of the application. Reasonable effort will be made to accommodate you.

	O Mental																			
	Learning																			
	○ Other																			
Ethnic Origin:	O White (no	n-Hisp	oanic)																	
	O Black (no	n-Hisp	anic)																	
	○ Latino																			
	O Asian or	Pacific	Island	der																
	O American	India	n or Al	aska	an N	ative	9													
How did you find	d out about thi	s job?	(• fi	ll onl	y one	circ	le com	plete	ly)											
Newspapers:		Cour	ity Of	fices	: :			Oth	er:											
O Santa Cruz Ser	itinel	O Per	sonne	l, Oce	ean S	Stree	et	O Ir	ntern	et						O Jo	b Fa	air		
O Watsonville Paj	aronian	O Bas	semen	t, Oce	ean S	Stree	et	ΟJ	obs /	Avail	able	е				O 01	ther			
O San Jose Merci	ury	O On	e Stop	Cent	er, V	Vats	onville	ΟH	lispa	nic F	Hotli	ine								
O San Fran. Chro	nicle/Examiner	O De _l	oartme	nt Bu	ılletir	n Boa	ard	O A	Sian	Wee	ek									
O Salinas Californ	ian	O Per	sonne	l, Em	eline	Cor	nplex	O E	Emplo	yme	ent l	Deve	elopn	nent	Dep	artm	ent ((EDI	D)	
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*Please identify spe	cific newspaper, v	website.	publica	ation,	TV, r	adio,	or othe	r belo	w:											
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Fill in at least one circle for type, shift and area. You will be considered ONLY for the type, shift and area selected: TYPE: O Full-time O Part-time O Temporary/On-call (Extra-help) O Substitute SHIFT: O Days O Swing O Nights O Rotating O Weekends AREA: O Santa Cruz O Watsonville																												
O Yes	 Yes No Are you requesting veterans preference? Sheet prior to the final filing date. Yes No Are you now employed by the County of Santa Cruz as a permanent or probationary employee? Yes No Have you previously been employed by the County of Santa Cruz? 																											
	If yes, and this is not described in Employment History, please indicate: Dates of Employment:																											
Departments: Former Names:																												
O Yes O No Do you possess a valid California Driver License? License No. Class: ○ A ○ B ○ C																												
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Are you fluent in any la indicated.	anguage in addition to En	glish? If yes, please spe	cify your skills. \	ou may be tested on t	hose						
O Spanish	○ Speak ○ Spea	k/Read O Speak/	Read/Write C	N/A							
O Other Language	O Speak O Spea	.k/Read O Speak/	Read/Write C	N/A							
Other Language Nar	me										
Title and number of li requirements)	cense, certificate or other	credential, if required fo	or this position. (Check job announcem	ent for						
Title	Numbe	r Is	sued By	Expira	tion Date						
Please fill in circle if your order of High School Dip		•	l Proficiency Cer	tificate							
_	4 05 06 07 0	8 09 010 011	O 12 College	:O1YR O2YR O3	YR O4YR						
Post-Graduate Work: O Grad YR 1 O Grad YR 2 O Grad YR 3 O Grad YR 4 O Grad YR 5+											
		EDUCATION									
		1									
Name, City & State of Col School or Institute	llege, University, Vocational	Major or Course of Study	Degree Received	Cerificate/Degree Obtained	Units Sem Qtr						
			O Yes O No O Attending	O 2yr O 4yr O Mstr O Ph.D. O Cert O Other							
			O Yes O No O Attending	O 2yr O 4yr O Mstr O Ph.D. O Cert O Other							
			O Yes O No O Attending	O 2yr O 4yr O Mstr O Ph.D. O Cert O Other							
			O Yes O No O Attending	O 2yr O 4yr O Mstr O Ph.D. O Cert O Other							
EMAIL: Please prov process.	ride an email address.	Note: We may contac	et you via email	throughout the recru	uitment						
EXAMPLE of email	address entry: dtuer@	co.santa-cruz.ca.us	OR jbird@	aol.com							
	y so that we can tell the o); $$		etters and num	bers,							



In answering the following question, you may exclude convictions that have been sealed, expunged or legally eradicated; certain marijuana-related offenses more than two years old; misdemeanor convictions for which probation was completed and the case dismissed; and minor traffic violations. Do not include any information related to referral or participation in any pre or post trial diversion program. O Yes O No As an adult, have you ever been convicted of a crime? ○ Yes ○ No Are you currently on bail or your own recognizance pending trial for a criminal offense? If YES, to either of the above, you must list each offense, when, where, and disposition of the case below. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. O Yes O No Have you ever been fired or forced to resign from previous employment? If YES, you must explain below and include employer's names and dates. **OPTIONAL:** This information may be used for database searches. Major Subject of Education Major Area of Employment Experience Years of Employment in Major Area Other Area of Employment Experience

Years of Employment in Other Area

Name:					

- EMPLOYMENT HISTORY

 3. Use different blocks for different positions with the same employer.
- List your most recent employment history first.
 List all experience, paid or voluntary, related to the position.
- 4. Additional sheets may be attached when necessary.

	Resumes Will Not Be Accepted in Place of A C	Completed Application
Dates Employed	NAME OF EMPLOYER:	
From / To /	ADDRESS:	
·	JOB TITLE AND DUTIES:	
Total Months:		
Hours Per Week:		
Salary:		
May we contact this	SUPERVISOR'S NAME/TITLE	PHONE: ()
employer?	REASON FOR LEAVING:	
Dates Employed	NAME OF EMPLOYER:	
From / To /	ADDRESS:	
10 /	JOB TITLE AND DUTIES:	
Total Months:		
Hours Per Week:		
Salary:		
May we contact this	SUPERVISOR'S NAME/TITLE	PHONE: ()
employer?	REASON FOR LEAVING:	
Dates Employed	NAME OF EMPLOYER:	
From / To /	ADDRESS:	
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Hours Per Week:		
Salary:		
May we contact this	SUPERVISOR'S NAME/TITLE	PHONE: ()
employer?	REASON FOR LEAVING:	
Dates Employed	NAME OF EMPLOYER:	
From/ To/	ADDRESS:	
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Total Months:		
Hours Per Week:		
Salary:		
May we contact this	SUPERVISOR'S NAME/TITLE	PHONE: ()
employer?	REASON FOR LEAVING:	
inderstand that any misstatement County of Santa Cruz, and if emp	s made in this application are true and I authorize investit or omission of material fact on this application will caus	gation of all matters contained in this application. I se forfeiture on my part of all rights of employment with the rinted, to submit to a complete medical examination by a
X		
Signature	Printed Name	Date
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DOCUMENT COVER SHEET

If you are sending additional documents with your application now or separately at a later time, you are required to use a Document Cover Sheet for each type of document 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 be considered incomplete and will be rejected. Job 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 Fill circle completely for the item you are sending. Please note that you may only make ONE selection. If you need to submit additional materials, please use a separate cover sheet for each type of materials. O Supplemental Questionnaire Transcripts O Licenses O DMV Record O Veteran's Preference DD214 O Other Place cover sheet on top of materials and mail or fax to:

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Phone (831) 454-2600 Fax (831) 454-2240
Equal Opportunity Employer

FOR HUMAN RESOURCES USE ONLY	
Date Received / Received By Number of	f Pages (non-blank)