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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.

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☐ Other

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☐ American Indian or Alaskan Native

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Other:

☐ Job Fair

☐ Other

☐ Hispanic Hotline

○ Asian Week

☐ Employment Development Department (EDD)

☐ Job Announcement Posted in the Community

☐ Job Interest Form Notification

[illegible]

You are **REQUIRED** to answer all questions in this box.

Job Title

Job Number

 - -

First three letters of last name at birth

Last four digits of Social Security Number

Month of Birth

Day of Birth

Last Name (Cut off if longer than space provided)

First Name

Mailing Address (if necessary use second line)

City

State

Zip Code

 -

Country

Home Phone Number

 -

Business/Message Phone Number

 -

Extension

Fill in at least one circle for type, shift and area. You will be considered ONLY for the type, shift and area selected:

TYPE: ☐ Full-time ☐ Part-time ☐ Temporary/On-call (Extra-help) ☐ Substitute

SHIFT: ☐ Days ☐ Swing ☐ Nights ☐ Rotating ☐ Weekends

AREA: ☐ Santa Cruz ☐ Watsonville

☐ Yes ☐ No Are you requesting veterans preference? *If yes, you must submit a copy of your DD214 with a Document Cover 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: _____ Job Title: _____

Departments: _____ Former Names: _____

☐ Yes ☐ No Do you possess a valid California Driver License?

License No.

Class: ☐ A ☐ B ☐ C

Reviewed by

Established to list: mm/dd/yy

Veterans Preference ☐ Yes ☐ No

This Section for Personnel Use Only

Accepted _____

Not Accepted _____

☐ Experience

☐ Late Filing

☐ Education

☐ No Supplemental

☐ Incomplete Ap ☐ Other: _____

Comments:

Date Received

 / /

Received By

Number of Pages(non-blank)

Are you fluent in any language in addition to English? If yes, please specify your skills. You may be tested on those indicated.

- ☐ Spanish ☐ Speak ☐ Speak/Read ☐ Speak/Read/Write ☐ N/A
☐ Other Language ☐ Speak ☐ Speak/Read ☐ Speak/Read/Write ☐ N/A

Other Language Name

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Title and number of license, certificate or other credential, if required for this position. (Check job announcement for requirements)

Title	Number	Issued By	Expiration Date

Please fill in circle if you possess one of the following:

- ☐ High School Diploma ☐ G.E.D. Certificate ☐ CA HighSchool Proficiency Certificate

Fill in circle for highest grade completed:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 College: ☐ 1YR ☐ 2 YR ☐ 3 YR ☐ 4 YR

Post-Graduate Work: ☐ Grad YR 1 ☐ Grad YR 2 ☐ Grad YR 3 ☐ Grad YR4 ☐ Grad YR 5+

EDUCATION

Name, City & State of College, University, Vocational School or Institute	Major or Course of Study	Degree Received	Certificate/Degree Obtained	Units Sem Qtr	
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Ph.D. <input type="radio"/> Cert <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Ph.D. <input type="radio"/> Cert <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Ph.D. <input type="radio"/> Cert <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Ph.D. <input type="radio"/> Cert <input type="radio"/> Other		

EMAIL: Please provide an email address. Note: We may contact you via email throughout the recruitment process.

EXAMPLE of email address entry: dtuer@co.santa-cruz.ca.us OR jbird@aol.com

Please write clearly so that we can tell the difference between letters and numbers, e.g. "O" and 0 (zero); "i" and "L" and "1" (one)

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☐ Yes ☐ 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.

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If YES, you must explain below and include employer's names and dates.

This information may be used for database searches.

[illegible][illegible]

Years of Employment in Major Area		
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[illegible]

Years of Employment in Other Area		
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Name: _____

EMPLOYMENT HISTORY

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

Resumes Will Not Be Accepted in Place of A Completed Application

Dates Employed From ____ / ____ To ____ / ____	NAME OF EMPLOYER: <hr/> ADDRESS: <hr/> JOB TITLE AND DUTIES: <hr/>
Total Months:	
Hours Per Week:	
Salary:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME/TITLE PHONE: () <hr/> REASON FOR LEAVING: <hr/>
Dates Employed From ____ / ____ To ____ / ____	NAME OF EMPLOYER: <hr/> ADDRESS: <hr/> JOB TITLE AND DUTIES: <hr/>
Total Months:	
Hours Per Week:	
Salary:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME/TITLE PHONE: () <hr/> REASON FOR LEAVING: <hr/>
Dates Employed From ____ / ____ To ____ / ____	NAME OF EMPLOYER: <hr/> ADDRESS: <hr/> JOB TITLE AND DUTIES: <hr/>
Total Months:	
Hours Per Week:	
Salary:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME/TITLE PHONE: () <hr/> REASON FOR LEAVING: <hr/>
Dates Employed From ____ / ____ To ____ / ____	NAME OF EMPLOYER: <hr/> ADDRESS: <hr/> JOB TITLE AND DUTIES: <hr/>
Total Months:	
Hours Per Week:	
Salary:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME/TITLE PHONE: () <hr/> REASON FOR LEAVING: <hr/>

Certificate of Applicant (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the County of Santa Cruz, and if employed, I will be terminated. I further agree to be fingerprinted, to submit to a complete medical examination by a County physician and to furnish such proof of age and citizenship as may be required.

 X _____

Signature

Printed Name

Date



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.

Job Number

Job Title

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Day of Birth

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First Name

[illegible][illegible]

- ☐ Other

[illegible]

Equal Opportunity Employer

Date Received

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Received By

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