



# COUNTY OF SANTA CRUZ EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONNEL DEPARTMENT  
701 Ocean Street, Rm. 310  
Santa Cruz, CA 95060  
(831) 454-2600  
TDD: (831) 454-2123

Applications accepted at 701 Ocean Street Rm. 310 Santa Cruz CA, 95060 or 18 West Beach Street Watsonville CA, 95076.  
Please use a typewriter or print in ink. This application must be completed in full. All statements will be subject to verification.

POSITION: (Give exact title as listed on the job bulletin)

1. \_\_\_\_\_ 2. Social Security # \_\_\_\_\_

3. Name \_\_\_\_\_  
LAST FIRST MIDDLE

4. Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

5. Home Phone ( ) \_\_\_\_\_ Business/Msg Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

6. Check at least one in each area. You will be considered **only** for the type, shift and area selected:

TYPE:  Full-time  Part-time  Temporary/On-call  Substitute  
SHIFT:  Days  Swing  Nights  Rotating  Weekends  
AREA:  Santa Cruz  Watsonville

7. Are you requesting veterans preference? If YES, you must attach a copy of your DD214 prior to the final filing date.  YES  NO  
Branch of Service \_\_\_\_\_ Enlistment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type/Discharge \_\_\_\_\_

8. Are you now employed with the County of Santa Cruz as a permanent or probationary employee?  YES  NO

9. Have you previously been employed by the County of Santa Cruz?  YES  NO  
• If YES, and this is not described on reverse side, attach dates of employment, job title, departments and any former names.

10. 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.

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?  YES  NO

• If YES, to either of the above, please list each offense, when, where, and disposition of case on a separate piece of paper.  
Conviction of a crime is not necessarily a bar to employment with each case being considered separately based on job requirements.

11. Have you ever been fired or forced to resign from previous employment?  YES  NO

• If YES, you must attach an explanation on a separate sheet and include employers' names and dates.

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

Language(s): \_\_\_\_\_  Understand  Speak  Write  Read  
\_\_\_\_\_  Understand  Speak  Write  Read

13. Do you possess a valid California drivers license?  YES  NO License #: \_\_\_\_\_ Circle Class: A B C

14. Title and number of license, certificate or other credential, if required for this position. (Check job bulletin for requirements)  
Title \_\_\_\_\_ Number \_\_\_\_\_ Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

15. Please Check if you possess one of the following:  High School Diploma  G.E.D. Certificate  CA High School Proficiency Certificate  
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: \_\_\_\_\_ Years

Name and Address of College, University, Vocational School or Institute	Major or Course of Study	Date Received Degree/Cert.	Name of Degree/Cert.	Units Completed Sem.   Qtr.

### THIS SECTION FOR PERSONNEL DEPARTMENT USE ONLY

Established to List _____ Month/Day/Year	Accepted _____ Screened Out _____	Not Accepted _____ <input type="checkbox"/> Experience <input type="checkbox"/> Late Filing <input type="checkbox"/> Education <input type="checkbox"/> No Supplemental <input type="checkbox"/> Incomplete App <input type="checkbox"/> Other: _____	Comments: _____ _____ _____
Veterans Preference Points <input type="checkbox"/>			

# Employment History

1. List your most recent employment first.
2. List all experience, paid or voluntary, related to the position.

3. Use different blocks for different positions with 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 ____ / ____	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>JOB TITLE AND DUTIES:</b> _____
Total Months:	_____
Hours Per Week:	_____
Salary:	_____
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>PHONE:</b> (    ) _____ <b>REASON FOR LEAVING:</b> _____
DATES EMPLOYED From ____ / ____ To ____ / ____	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>JOB TITLE AND DUTIES:</b> _____
Total Months:	_____
Hours Per Week:	_____
Salary:	_____
	<b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>PHONE:</b> (    ) _____ <b>REASON FOR LEAVING:</b> _____
DATES EMPLOYED From ____ / ____ To ____ / ____	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>JOB TITLE AND DUTIES:</b> _____
Total Months:	_____
Hours Per Week:	_____
Salary:	_____
	<b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>PHONE:</b> (    ) _____ <b>REASON FOR LEAVING:</b> _____
DATES EMPLOYED From ____ / ____ To ____ / ____	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>JOB TITLE AND DUTIES:</b> _____
Total Months:	_____
Hours Per Week:	_____
Salary:	_____
	<b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>PHONE:</b> (    ) _____ <b>REASON FOR LEAVING:</b> _____

**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

COUNTY OF SANTA CRUZ  
 EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

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 Supervisors policy. Data collected is *confidential* and will be used for recruitment *statistics only*. This information will be detached 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 application. Reasonable effort will be made to accommodate you.

POSITION: \_\_\_\_\_

- A. Sex:  Male  Female
- D. Do you have a disability?  Yes  No

B. Birthdate: \_\_\_\_\_

- C. Ethnic Origin:
- 1.  White (non-Hispanic)
  - 2.  Black (non-Hispanic)
  - 3.  Latino
  - 4.  Asian
  - 5.  American Indian or Alaskan Native
- Hearing
  - Speech
  - Vision Impairment
  - Mobility
  - Mental
  - Learning
  - Other \_\_\_\_\_

**How did you find out about this job?**

**Newspaper**

- A.  Santa Cruz Sentinel
- B.  Watsonville Pajaronian
- C.  San Jose Mercury
- D.  San Francisco Chronicle/Examiner
- E.  Salinas Californian
- F.  Asian Week
- G.  Other \_\_\_\_\_

**County Offices**

- H.  Personnel, Ocean Street
- I.  Basement, Ocean Street
- J.  One Stop Center, Watsonville
- K.  Department Bulletin Board
- L.  Personnel, Emeline complex
- M.  County Employee

**Other**

- N.  Internet
- O.  Jobs Available
- P.  Hispanic Hotline
- Q.  EDD
- R.  Bulletin Posted in the Community
- S.  Job Interest Form Notification
- T.  County Jobline Recording
- U.  Job Fair
- V.  Other \_\_\_\_\_