

COUNTY OF SANTA CRUZ

SCANNABLE EMPLOYMENT APPLICATION

Last Name (Cut off if longer than space provided)

First Name

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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

B	R	O	W	N															
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First Name

K	A	T	H	Y															
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R

Mailing Address (please include apartment number)

5	6	7	8	W	E	S	T	M	I	S	S	I	O	N	S	T	R	E	E	T		
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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 Human Resources at (831) 454-2600.

Please notify Human Resources 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 Human Resources
 701 Ocean Street, Room 510, Santa Cruz, CA 95060
 Phone (831) 454-2600 Fax (831) 454-2240
 Equal Opportunity Employer



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

☐ Male

☐ **Female**

○ Non-Binary

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☐ **Yes**

☐ No

- Speech

- Mobility

☐ Mental

- Learning

☐ Other

☐ White (non-Hispanic)

☐ Black (non-Hispanic)

☐ Latino

☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

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County Offices:

Other:

☐ Santa Cruz Sentinel

○ HR, Ocean Street

☐ Internet

☐ Job Fair

☐ Watsonville Pajaronian

☐ Basement, Ocean Street

○ Jobs Available

☐ Other

☐ San Jose Mercury

☐ One Stop Center, Watsonville

- Hispanic Hotline

☐ San Fran. Chronicle/Examiner

☐ Department Bulletin Board

○ Asian Week

☐ Salinas Californian

○ HR, Emeline Complex

○ Employment Development Department (EDD)

☐ County Employee

☐ Job Announcement Posted in the Community

☐ Job Interest Form Notification

*Please identify specific newspaper, website, publication, TV, radio, or other below:

[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 Human Resources Use Only

Accepted

Not Accepted

☐ Experience

☐ Late Filing

☐ Education

☐ No Supplemental

☐ Incomplete Ap ☐ Other: _____

Comments:

Date Received

 / /

Received By

Number of Pages(non-blank)



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

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

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

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

EDUCATION	
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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		

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



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

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

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

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

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First three letters of last name at birth

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Last four digits of SSN

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Month of Birth

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Day of Birth

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Last Name (Cut off if longer than space provided)

[illegible]

First Name

[illegible]

● 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.

- ☐ Supplemental Questionnaire
- ☐ Transcripts
- ☐ Licenses
- ☐ DMV Record
- ☐ Veteran's Preference DD214

☐ Other

[illegible]

Place cover sheet on top of materials and mail or fax to:

County of Santa Cruz Human Resources

701 Ocean Street, Room 510, Santa Cruz, CA 95060

Phone (831) 454-2600 Fax (831) 454-2240

Equal Opportunity Employer

FOR HUMAN RESOURCES USE ONLY

Date Received

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Received By

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Number of Pages (non-blank)

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