



8749

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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 MI

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 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 510, Santa Cruz, CA 95060
Phone (831) 454-2600 Fax (831) 454-2240
Equal Opportunity Employer



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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)



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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

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	
			2yr	4yr	Mstr	Sem	Qtr
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> Ph.D.	<input type="radio"/> 4yr <input type="radio"/> Cert	<input type="radio"/> Mstr <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> Ph.D.	<input type="radio"/> 4yr <input type="radio"/> Cert	<input type="radio"/> Mstr <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> Ph.D.	<input type="radio"/> 4yr <input type="radio"/> Cert	<input type="radio"/> Mstr <input type="radio"/> Other		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	<input type="radio"/> 2yr <input type="radio"/> Ph.D.	<input type="radio"/> 4yr <input type="radio"/> Cert	<input type="radio"/> Mstr <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)

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:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
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:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
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:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
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:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
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

