809 Center Street • Room 6
Santa Cruz, CA 95060
(831) 420-5040 • TDD (800) 735-2929

CITY OF SANTA CRUZ

EMPLOYMENT APPLICATION

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____

RECRUITMENT NUMBER (SEE JOB ANNOUNCEMENT) _____

THE CITY OF SANTA CRUZ IS AN EQUAL OPPORTUNITY EMPLOYER. Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position. All statements are subject to verification. If you move, you must notify the Personnel Department in writing of your new address and phone number. **If you have questions regarding how to complete this application form, contact the Human Resources Department.**

SOCIAL SECURITY NUMBER | LAST NAME, | FIRST NAME, | MIDDLE INITIAL | HOME TELEPHONE ( )

STREET NUMBER AND STREET NAME (OR P.O. BOX) | BUSINESS/MESSAGE PHONE ( )

CITY | STATE | ZIP | E-MAIL ADDRESS

DO YOU POSSESS A VALID DRIVER'S LICENSE? ❑ YES ❑ NO

ISSUING STATE: _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____ LICENSE CLASS: _____

Are you a citizen of the United States or do you have a legal right to work in the United States? (Written proof of citizenship or right to work will be required at time of hire.)

❑ YES ❑ NO

BILINGUAL LANGUAGE SKILLS:

Language _____	Language _____
❑ SPEAK	❑ SPEAK
❑ WRITE	❑ WRITE
❑ TRANSLATE	❑ TRANSLATE

OFFICE SKILLS:

TYPING _____ wpm

COMPUTER _____

OTHER _____

_____

As an adult, have you ever been convicted of a misdemeanor or felony, or been on parole or probation? If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense, date, and place of conviction. A yes answer will not automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. You must disclose felony (but not misdemeanor) convictions that have been judicially dismissed pursuant to Penal Code section 1203.4. **All newly hired employees will be fingerprinted, to verify conviction history, prior to start of work.**

❑ YES ❑ NO

Check the work schedule(s) you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept.

❑ FULL-TIME ❑ TEMPORARY
❑ PART-TIME ❑ ON-CALL

EDUCATION: Check the appropriate box if you possess one of the following:

❑ High School Diploma ❑ G.E.D. Certificate
❑ California High School Proficiency Certificate

HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4
O O O O O O O O O O O O O O O O

POST GRADUATE WORK ___ YEARS

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed		Degree or Certificate	Dates Attended From / To	
			Semester	Quarter			

Title and number of any license, certificate or credential relevant to this position. Attach a copy of any required certification (see job announcement).

Title _____ Number _____ Issued By _____ Expiration Date _____

EMPLOYMENT HISTORY: Name_____ Social Security _____

PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. Resumes will not be accepted in place of a completed application form. Respond completely to all information in this section. List all experience, including volunteer and military. Additional sheets may be attached to this application, if necessary, to fully describe related experience, training, and education. It is your responsibility to make and keep a copy of your completed application form and attachments.

BUSINESS OR AGENCY NAME AND ADDRESS:

PHONE:

SUPERVISORS NAME:

MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO

DATES EMPLOYED:

FROM:

TO:

TOTAL: YRS/MO

HOURS: PER WEEK

FINAL SALARY

$

❑ HOURLY ❑ MONTHLY

JOB TITLE: NUMBER OF PERSONS SUPERVISED

DUTIES:

REASON FOR LEAVING:

BUSINESS OR AGENCY NAME AND ADDRESS:

PHONE:

SUPERVISORS NAME:

MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO

DATES EMPLOYED:

FROM:

TO:

TOTAL: YRS/MO

HOURS: PER WEEK

FINAL SALARY

$

❑ HOURLY ❑ MONTHLY

JOB TITLE: NUMBER OF PERSONS SUPERVISED

DUTIES:

REASON FOR LEAVING:

BUSINESS OR AGENCY NAME AND ADDRESS:

PHONE:

SUPERVISORS NAME:

MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO

DATES EMPLOYED:

FROM:

TO:

TOTAL: YRS/MO

HOURS: PER WEEK

FINAL SALARY

$

❑ HOURLY ❑ MONTHLY

JOB TITLE: NUMBER OF PERSONS SUPERVISED

DUTIES:

REASON FOR LEAVING:

BUSINESS OR AGENCY NAME AND ADDRESS:

PHONE:

SUPERVISORS NAME:

MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO

DATES EMPLOYED:

FROM:

TO:

TOTAL: YRS/MO

HOURS: PER WEEK

FINAL SALARY

$

❑ HOURLY ❑ MONTHLY

JOB TITLE: NUMBER OF PERSONS SUPERVISED

DUTIES:

REASON FOR LEAVING:

ADDITIONAL INFORMATION:
You may include any comments that show further qualifications for this position

AGREEMENT: I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting the City's physical requirements. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and the City from any liability for damages for receiving or releasing information. I further agree to be fingerprinted and to furnish proof of citizenship or right to work.

Signature

Date

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The City of Santa Cruz is an Equal Opportunity Employer. We are required by the federal government to maintain certain statistical information on our job applicants and employees. To assist us with this, we would appreciate your voluntary cooperation in answering the questions on this questionnaire. This form will be detached from your application and will be kept confidential and separate from any employment decision.

NAME: _____ POSITION APPLYING FOR: _____

SEX: ❑ FEMALE ❑ MALE

ETHNIC ORIGIN (CHOOSE ONLY ONE):

A. ❑ CAUSASIAN/WHITE : All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. (not of Hispanic origin)

B. ❑ AFRICAN-AMERICAN/BLACK: All persons having origins in any of the Black racial groups of Africa (not of Hispanic origin).

C. ❑ LATINO/HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

D. ❑ NATIVE AMERICAN/ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

E. ❑ ASIAN/PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands.

DO YOU REQUIRE SPECIAL ACCOMMODATION FOR TESTING OR INTERVIEWING BECAUSE OF A DISABILITY? If so, notify the Personnel Department at the time you submit your application.

❑ YES TYPE: _____ ❑ NO

ARE YOU A CURRENT EMPLOYEE OF THE CITY OF SANTA CRUZ?

❑ YES ❑ NO

DO YOU CLAIM VETERANS SERVICE PREFERENCE? (If yes, attach a copy of your DD214)

❑ YES ❑ NO

ARE YOU A VIETNAM ERA VETERAN?

❑ YES ❑ NO

ARE YOU A DISABLED VETERAN? (If yes, attach a copy of verification from the Department of Veterans Affairs)

❑ YES ❑ NO

Disability rating: _____%

ARE YOU OVER 40?

❑ YES ❑ NO

We ask that you complete the following information, to assist us in identifying effective recruitment sources.

❑ City Human Resources Department
❑ A friend or relative
❑ A City employee
❑ Job announcement or poster on bulletin board
❑ EDD or other job counselor
❑ An ad in newspaper or publication. Which one: _____
❑ Job fair. Which one: _____
❑ Job Interest Card
❑ City JOBLINE
❑ City of Santa Cruz Web page.
❑ Internet ad. Which one: _____
❑ Other: _____