



# EMPLOYMENT APPLICATION

Human Resources Department  
 809 Center Street • Room 6  
 Santa Cruz, CA 95060  
 (831) 420-5040 • Fax (831) 420-5041  
 Visit our website at: www.cityofsantacruz.com

FOR HR USE ONLY:

Disposition \_\_\_\_\_

Screened by \_\_\_\_\_

Y  N  
 Veterans Pref

Y  N  
 Special Accommodation:

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

RECRUITMENT NUMBER (SEE JOB ANNOUNCEMENT) \_\_\_\_\_

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 Human Resources 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 CODE _____	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.) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>BILINGUAL LANGUAGE SKILLS:</b> Language _____ Language _____		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. <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON-CALL
	<input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE	<input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE	

**If you fail to respond to the following question completely and clearly as directed herein, your application will be rejected.** As an adult, have you ever been convicted of a misdemeanor, felony or infraction, or been on parole or probation?  YES  NO

**If yes, you must list all convictions since your 18th birthday on an attached sheet.** Include offense (please specify whether the conviction was for a felony, misdemeanor or infraction), date of offense, place of conviction, dates of probation and/or parole. You are not required to disclose information regarding convictions for the possession of marijuana that are more than two years old, participation in a pre-trial or post-trial diversion program, misdemeanor convictions that have been judicially dismissed pursuant to Penal Code section 1203.4 or offenses set forth in Labor Code section 432.8 unless you are applying for a position as a Police Officer. Except as specified below, a yes answer will not automatically disqualify you from appointment. **Failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. Newly hired employees are subject to being fingerprinted, to verify conviction history, prior to start of work.**

**Pursuant to California Public Resources Code Section 5164, the City is prohibited from hiring an employee or volunteer to perform services at a park, playground, recreation center or beach, in a position having supervisory or disciplinary authority over any minor, when that person has been convicted of specified offenses. You may obtain a CODE SECTION 5164 SCREENING FORM, which includes applicable offenses, from the Human Resources Department.**

EDUCATION: Check the appropriate box if you possess one of the following: <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> California High School Proficiency Certificate	CHECK HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	POST GRADUATE WORK ____ YEARS
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Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed Semester	Quarter	Degree or Certificate	Dates Attended From / To

Name: \_\_\_\_\_

Social Security \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LICENSES / CERTIFICATES**

List any licenses, certificates or registrations relevant to this position. Attach a copy of any required certification (see job announcement).

Title	Number	Issued By	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY:** Please list 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: _____ SUPERVISOR'S NAME: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ / _____ YRS/MO HOURS: _____ PER WEEK	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED: _____ DUTIES: _____ _____ _____ _____
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**AGREEMENT:** I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. If required, 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, if requested, agree to be fingerprinted. I further agree to furnish proof of citizenship or right to work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

NAME: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

SEX:  FEMALE  MALE

RECRUITMENT NUMBER: \_\_\_\_\_

ETHNIC ORIGIN (choose only one):

- A.  CAUCASIAN/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, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, Hawaii and Samoa.

**Indicate how you learned about this position:**

- City Human Resources Department
- City of Santa Cruz website
- Santacruzjobs.com
- Internet ad. Which one: \_\_\_\_\_
- An ad in newspaper or publication. Which one: \_\_\_\_\_
- A friend or relative
- A City employee. Name: \_\_\_\_\_
- Job announcement or poster on bulletin board
- Job Interest Card
- City JOBLINE
- Other: \_\_\_\_\_

Do you require special accommodation for testing or interviewing?

If so, notify Human Resources at the time you submit your application.

YES  NO TYPE: \_\_\_\_\_

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