

Name: _____

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: Resumes will not be accepted in place of a completed application form. Please list your most recent employment first. List all experience, including volunteer and military. Additional information may be attached to this application to fully describe related work experience. List as many actual job duties as possible.

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 FINAL SALARY: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	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.

RECRUITING SOURCE: Indicate how you learned about this position:

- City Human Resources Office
- City of Santa Cruz website
- Santacruzjobs.com
- Other website. Please specify: _____
- Friend or Relative
- City employee/s. Name/s: _____
- Job announcement or poster on bulletin board
- Job Interest Email Notification
- Other. Please specify: _____

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