



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 _____

Uploaded by _____

Date / Time _____

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; include all work experience, training, and education. 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.**

LAST NAME,	FIRST NAME,	MIDDLE INITIAL	HOME PHONE () _____
STREET NUMBER AND STREET NAME (OR P.O. BOX)			ALTERNATE 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	BILINGUAL LANGUAGE SKILLS: 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	

Pursuant to AB218, the City of Santa Cruz will no longer request conviction information or proof of safe driving record at the time of application submission for paid employment. Only candidates who pass the application screening process will be required to provide conviction information to the Human Resources Department. Conviction information will still be required with initial application for any position where a background check is required by law or exempt from AB218.

Upon request for conviction information by the Human Resources Department, 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:
 High School Diploma G.E.D. Certif cate
 California High School Prof icency Certif cate

CHECK HIGHEST GRADE COMPLETED
1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4
[]
POST GRADUATE WORK _____ YEARS

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

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.

<p>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: _____</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ / _____ YRS/MO HOURS: _____ PER WEEK</p>	<p>JOB TITLE: _____ OF _____ NUMBER PERSONS SUPERVISED DUTIES: _____ _____ _____ _____ _____</p>
<p>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: _____</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ / _____ YRS/MO HOURS: _____ PER WEEK</p>	<p>JOB TITLE: _____ OF _____ NUMBER PERSONS SUPERVISED DUTIES: _____ _____ _____ _____ _____</p>
<p>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: _____</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ / _____ YRS/MO HOURS: _____ PER WEEK</p>	<p>JOB TITLE: _____ OF _____ NUMBER PERSONS SUPERVISED DUTIES: _____ _____ _____ _____ _____</p>
<p>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: _____</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ / _____ YRS/MO HOURS: _____ PER WEEK</p>	<p>JOB TITLE: _____ OF _____ NUMBER PERSONS SUPERVISED DUTIES: _____ _____ _____ _____ _____</p>

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