

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	This Section for Personnel Use Only		Comments: _____
	Accepted _____	Not Accepted _____ <input type="checkbox"/> Experience <input type="checkbox"/> Late Filing <input type="checkbox"/> Education <input type="checkbox"/> No Supplemental <input type="checkbox"/> Incomplete Ap <input type="checkbox"/> Other: _____	

Date Received / / Received By Number of Pages(non-blank)



5184

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 2YR 3YR 4YR

- 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	
			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. 3. Use different blocks for different positions with the same employer.
 2. List all experience, paid or voluntary, related to the position. 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:	
Salary:	
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:	
Salary:	
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:	
Salary:	
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:	
Salary:	
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

