

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

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EXACT TITLE OF POSITION FOR WHIC	H YOU ARE AP	PLYING					
RECRUITMENT NUMBER (SEE JOB ANN	IOUNCEMENT)						
Type or print using black or dark bl education. A separate application must notify the Human Resources Departme complete this application form, cor	t be completed ent in writing of	for each position. All your new address ar	I statements and phone numb	e subject to v	verification. If yo	ou move, y	you must
LAST NAME, FI	IRST NAME,	MIDDLE INIT	ΓIAL		HOME PHONE		
STREET NUMBER AND STREET NAM		ALTERNATE PHONE ()					
CITY	STATE	ZIP CODE			E-MAIL ADDRE	ESS	
DO YOU POSSESS A VALID DRIVER' ISSUING STATE: LICENSE N			EXPIRATION DA	ATE:/	/ LICE	:NSE CLAS:	S:
Are you a citizen of the United States or do you a legal right to work in the United States? (Wr proof of citizenship or right to work will be req at time of hire.)	tes? (Written	BILINGUAL LANGUA Language	AGE SKILLS: Languag - ————————————————————————————————————		will accept. Yo only for the seed. Do not ch	Check the work schedule(s) will accept. You will be conside only for the schedule(s) selected. Do not check those you unwilling to accept.	
YES NO		□ WRITE □ TRANSLATE	☐ SPEAI ☐ WRIT ☐ TRAN	E	□FULL-TIME □PART-TIME	TEMPOR	
Pursuant to AB218, the City driving record at the time of application screening process will Conviction information will still be law or exempt from AB218.	of application Il be required t	n submission for to provide convictior	paid emplo n information t	yment. Or to the Huma	nly candidates an Resources D	who pass epartmen	s the it.
Upon request for conviction infor convictions will result in terminat to verify conviction history, prior	tion or denial o	of employment. Nev	Department, f wly hired emp	ailure to disc loyees are s	close misdemea ubject to being	anor or fel fingerpri	lony nted,
Pursuant to California Public Res perform services at a park, playo authority over any minor, when the SCREENING FORM, which include	ground, recreat hat person has	ition center or beach s been convicted of s	h, in a position	n having sup ses. You may	ervisory or disc	ciplinary	
EDUCATION: Check the appropriate be if you possess one of the	e following:	1	CHECK HIGHEST	7 8 9 10 1	11 12 COLLE	EGE 1 2	
☐ High School Diploma☐ California High School P			3000uc	POST (GRADUATE WOR	.KYE	
Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units C Semester	Completed Quarter	Degree or Certificate	Dates At From	

see job announcement). Title Number	Issued	Ву	Expiration Date
LOYMENT HISTORY: Resumes will not be accommon first. List all experience, including volunt	eer and military. Addition		
describe related work experience. List as many ac	DATES EMPLOYED: FROM: TO:	JOB TITLE: DUTIES:	NUMBER OF PERSONS SUPERVISED
PHONE:	TOTAL: / YRS/MO HOURS: PER WEEK		
BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL:/	JOB TITLE: DUTIES:	NUMBER OF PERSONS SUPERVISED
PHONE:	YRS/MO HOURS: PER WEEK		
BUSINESS OR AGENCY NAME AND ADDRESS: PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO	DATES EMPLOYED: FROM: TO: TOTAL:/ YRS/MO HOURS: PER WEEK	JOB TITLE: DUTIES:	NUMBER OF PERSONS SUPERVISED
EASON FOR LEAVING: BUSINESS OR AGENCY NAME AND ADDRESS: BHONE: BUPERVISOR'S NAME: BAY WE CONTACT THIS EMPLOYER? YES NO EASON FOR LEAVING:	DATES EMPLOYED: FROM: TO: TOTAL:/ YRS/MO HOURS: PER WEEK	JOB TITLE: DUTIES:	NUMBER OF PERSONS SUPERVISED
AGREEMENT: I understand that any misrepresent refusal of employment. If required, I agree to underentingent upon meeting the City's physical required any information regarding my qualif cations are liability for damages for receiving or releasing infocitizenship or right to work.	ergo a physical examination rements. I also authorize e nd character. I hereby relea:	if a job offer is made mployers, schools or p se said employers, sch	and understand that employmen persons named in this application lools, persons and the City from a

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:	
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. ANTIVE 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 Off ce	
☐ 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 Notif cation	
☐ 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 verif cation from the Department of Veterans Affairs.) □ YES □ NO Disability rating	
Are you over 40? □ YES □ NO	