



37648

You are REQUIRED to answer all questions in this box.

Job Title

Job Bulletin 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

 -

Work Phone Number

 -

Work Extension

Fill in at least one circle for each of the following. You will be considered only for the type, shift and area selected:

TYPE: Full Time Part time Temporary/On Call 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.

Branch of Service _____ Enlistment Date ___/___/___ Discharge Date ___/___/___ Type/Discharge _____

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's license?

License No.

Class: A B C

Reviewed by

This Section for Personnel Use Only

Comments:

Established to list: mm/dd/yy

Accepted _____

Not Accepted _____

Experience Late Filing

Education No Supplemental

Incomplete Ap Other: _____

Veterans Preference Yes No

Date Received / /

Received By

Number of Pages(non-blank)



37648

Are you fluent in any language in addition to English? If yes, please specify your skills. You may be tested on those indicated.

Spanish Understand Speak Read Write

Other Language:

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 Understand Speak Read Write

Title and number of license, certificate or other credential, if required for this position. (Check job bulletin 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 2 YR 3 YR 4 YR

Post-Graduate Work: Grad YR 1 Grad YR 2 Grad YR 3 Grad YR4 Grad YR 5+

EDUCATION

Name and Address of College, University, Vocational School or Institute	Major or Course of Study	Date Received Degree/Cert	Certificate/Degree Obtained	Units	
				Sem	Qtr
			<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other		
			<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other		
			<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other		
			<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other		

EMAIL: Please let us know if we may contact you by email, instead of U.S Postal Mail. If you provide an email address, but prefer U.S. Mail, we will use your email address to acknowledge receipt and processing of this application.

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

