

COUNTY OF SANTA CLARA EMPLOYMENT APPLICATION



COUNTY OF SANTA CLARA
 70 W. Hedding Street, 8th Floor, East Wing
 San Jose, California 95110
 (408) 299-5830
<http://www.sccjobs.org/>

Received. For Official Use Only:

QUAL: _____
 DNQ: _____
 Education
 Experience
 Training
 Other: _____

PERSONAL INFORMATION

| | | | | | | | | | | | | |
|--|--|--|-----------------|---|--|------------|--|--|--|--|--|------|
| POSITION TITLE: | | | | | | EXAM ID #: | | | | | | |
| LAST NAME | | | | | | FIRST NAME | | | | | | M.I. |
| ADDRESS | | | | | | | | | | | | |
| CITY | | | | | | STATE | | ZIP | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | | | | | | |
| HOME PHONE | | | ALTERNATE PHONE | | | EXTENSION | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | |
| DRIVER'S LICENSE: | | | | DRIVER'S LICENSE: | | | | LEGAL RIGHT TO WORK IN THE UNITED STATES? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | STATE: <input type="text"/> <input type="text"/> NUMBER: <input type="text"/> | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?
 IF YOU DID NOT GRADUATE, DO YOU HAVE A GED?

COLLEGE OR UNIVERSITY EDUCATION

| | | | |
|--------------------------------|--|---|--|
| SCHOOL NAME: | | DEGREE RECEIVED: | |
| SCHOOL LOCATION: (City, State) | | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MAJOR: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter | |
| SCHOOL NAME: | | DEGREE RECEIVED: | |
| SCHOOL LOCATION: (City, State) | | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MAJOR: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter | |
| SCHOOL NAME: | | DEGREE RECEIVED: | |
| SCHOOL LOCATION: (City, State) | | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MAJOR: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter | |
| SCHOOL NAME: | | DEGREE RECEIVED: | |
| SCHOOL LOCATION: (City, State) | | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MAJOR: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter | |

WORK EXPERIENCE

| | | | |
|--|-------------------|---|-----------------|
| DATES: From: To: | | EMPLOYER: | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: | |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| DATES: From: To: | | EMPLOYER: | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: | |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| DATES: From: To: | | EMPLOYER: | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: | |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DUTIES: | | | |
| REASON FOR LEAVING: | | | |

WORK EXPERIENCE (CONTINUED)

| | | |
|--|--------------------------|--|
| DATES: | | |
| From: | To: | EMPLOYER: |
| | | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DUTIES: | | |
| REASON FOR LEAVING: | | |
| <hr/> | | |
| DATES: | | |
| From: | To: | EMPLOYER: |
| | | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DUTIES: | | |
| REASON FOR LEAVING: | | |
| <hr/> | | |
| DATES: | | |
| From: | To: | EMPLOYER: |
| | | POSITION TITLE: |
| ADDRESS: (Street, City, State, Zip Code) | | |
| COMPANY URL: | PHONE NUMBER: | SUPERVISOR: |
| HOURS PER WEEK: | SALARY: /month | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DUTIES: | | |
| REASON FOR LEAVING: | | |

CERTIFICATES AND LICENSES

| | |
|-----------------|------------------|
| TYPE: | ISSUING AGENCY: |
| LICENSE NUMBER: | EXPIRATION DATE: |
| TYPE: | ISSUING AGENCY: |
| LICENSE NUMBER: | EXPIRATION DATE: |

SKILLS

| |
|--|
| OFFICE SKILLS: Typing: Data Entry: |
| OTHER SKILLS: |
| LANGUAGE(S): |

ADDITIONAL INFORMATION

| |
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REFERENCES (Optional)

| | | |
|--|---------------|-----------|
| REFERENCE TYPE: | NAME: | POSITION: |
| ADDRESS: (Street, City, State, Zip Code) | | |
| EMAIL ADDRESS: | PHONE NUMBER: | |
| REFERENCE TYPE: | NAME: | POSITION: |
| ADDRESS: (Street, City, State, Zip Code) | | |
| EMAIL ADDRESS: | PHONE NUMBER: | |
| I understand that these references may be contacted. | | |

SIGNATURE

CERTIFICATION: I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answers may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the County of Santa Clara and will not be returned. I understand that the County of Santa Clara may contact prior employers and other references. I understand that I must notify the Department of Human Resources of any changes in my name, address, or phone number.

Signature of Applicant (Sign in Ink):**Date Signed:**

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AGENCY WIDE SUPPLEMENTAL QUESTIONS

**RESPONSES TO QUESTIONS WITH * REQUIRE A RESPONSE.
YOUR APPLICATION MAY BE REJECTED IF NOT COMPLETED.**

* 1. Are you a current County of Santa Clara Employee? Yes No

* 2. Were you previously employed by Santa Clara County? Yes No

* 3. As an adult, have you ever been convicted for an offense other than a minor traffic violation? Yes No

If you answered "yes" to question #3, questions #4-#7 are required:

4. Indicate the type of offense. Felony Misdemeanor Not Applicable

5. What was the date of conviction?

6. Where was the location of the offense?

7. Describe the nature of the offense.

* 8. Responses to the following questions will be used to identify your work shift and location availability. Most positions are full-time, forty hours per week, day shift schedule (8:00 a.m. – 5:00 p.m.), but some positions do have alternate shift schedules.

What alternate shift are you able to work? (Check all that apply)

- None Swing Shift (approximate times - 3:00 p.m. – 11:00 p.m.)
 Half Time (20 hours per week) Night Shift (approximate times - 11:00 p.m. – 7:00 a.m.)

* 9. Most positions are located within the San Jose metropolitan area. However, some positions are located in the northern and southern parts of the County. Indicate the location(s) where you are available to work. (Check all that apply.)

- San Jose Metropolitan Area North County (Palo Alto, Mt. View, Sunnyvale)
 Locked Facility South County (Morgan Hill, San Martin, Gilroy)

* 10. Do you claim Veterans Preference? (If yes, a copy (not original) of DD214 form must be submitted.)
 Yes No

* 11. Highest level of education completed:

- Less than Eighth Grade Associate's Degree Doctorate Degree
 Eighth Grade Bachelor's Degree Other Advanced Degree
 High School/GED/CA Proficiency Exam Master's Degree _____

12. Select the language(s) in which you are fluent, other than English.

- American Sign Language Mandarin Tagalog
 Cantonese Russian Vietnamese
 Farsi Spanish Other: _____

13. How did you find out about the job?

- Job Announcement County Telephone Recording T.V.
 Job Fair County Notification Card Radio
 Other Newspaper Internet
 County Employee Trade Journal Specify: _____

Responses to the following questions are voluntary and will provide statistics needed to evaluate our recruitment program as well as prepare statistical reports required by Federal, State and local agencies. No decisions in the test process will be made based on your responses.

14. Are you an individual who needs an accommodation in the examination process because of a disability?

Yes No

In compliance with the Americans with Disabilities Act and California Fair Employment and Housing Act, the County of Santa Clara accepts accommodation requests for consideration from applicants with a disability. If you are an applicant for employment with the County who has a disability and requires reasonable accommodation in the application and examination process, please contact the Recruitment Unit at (408) 299-6816, (408) 993-8272 (TDD), or for Health and Hospital specific recruitments (408) 885-5450 to discuss your request.

15. Gender

Male
 Female

16. Age Group:

Under 21
 21 - 29
 30 - 39
 40 - 49
 50 - 59
 60 or over

17. Ethnic Code:

White
 Hispanic
 Black
 American Indian or Alaska Native
 Asian or Pacific Islander
 Filipino
 Other