

**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: \_\_\_\_\_  
 QUAL: \_\_\_\_\_  
 DNO: \_\_\_\_\_  
 Education  
 Experience  
 Certificate/License  
 Other: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_

QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

**JOB INFORMATION**

|                   |              |
|-------------------|--------------|
| * POSITION TITLE: | * EXAM ID #: |
|-------------------|--------------|

**PERSONAL INFORMATION**

|   |   |   |
|---|---|---|
| *LAST NAME  | *FIRST NAME   | MIDDLE INITIAL  |
| * ADDRESS   |   |   |
| * CITY  | * STATE   | * ZIP   |
| *SOCIAL SECURITY NUMBER:  |   |   |
| HOME PHONE  | * ALTERNATE PHONE   |   |
| * EMAIL ADDRESS   | * WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER |   |
| * DRIVER'S LICENSE:<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | DRIVER'S LICENSE:<br>STATE:          NUMBER:  | * LEGAL RIGHT TO WORK IN THE UNITED STATES?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |

**HIGH SCHOOL EDUCATION**

\* DID YOU GRADUATE FROM HIGH SCHOOL? YES  NO   
 IF YOU DID NOT GRADUATE, DO YOU HAVE A G.E.D CERTIFICATE OR EQUIVALENT?

**COLLEGE OR UNIVERSITY EDUCATION**

|                               |   |                       |
|-------------------------------|---|-----------------------|
| SCHOOL NAME:                  | DEGREE RECEIVED:  |                       |
| SCHOOL LOCATION: (CITY/STATE) | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | # OF UNITS COMPLETED: |
| MAJOR:                        | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER            |                       |
| SCHOOL NAME:                  | DEGREE RECEIVED:  |                       |
| SCHOOL LOCATION: (CITY/STATE) | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | # OF UNITS COMPLETED: |
| MAJOR:                        | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER            |                       |
| SCHOOL NAME:                  | DEGREE RECEIVED:  |                       |
| SCHOOL LOCATION: (CITY/STATE) | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | # OF UNITS COMPLETED: |
| MAJOR:                        | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER            |                       |
| SCHOOL NAME:                  | DEGREE RECEIVED:  |                       |
| SCHOOL LOCATION: (CITY/STATE) | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | # OF UNITS COMPLETED: |
| MAJOR:                        | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER            |                       |

## WORK EXPERIENCE

|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

**WORK EXPERIENCE (CONTINUED)**

|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

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|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

---

|                       |     |                  |                        |
|-----------------------|-----|------------------|------------------------|
| <b>DATES</b><br>From: | To: | <b>EMPLOYER:</b> | <b>POSITION TITLE:</b> |
|-----------------------|-----|------------------|------------------------|

**ADDRESS:** (Street, City, State, Zip Code)

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| <b>COMPANY WEBSITE:</b> | <b>PHONE NUMBER:</b> | <b>SUPERVISOR:</b> |
|-------------------------|----------------------|--------------------|

|                               |                        |  |
|-------------------------------|------------------------|--|
| <b>HOURS WORKED PER WEEK:</b> | <b>MONTHLY SALARY:</b> | <b>MAY WE CONTACT THIS EMPLOYER?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------|------------------------|--|

**DUTIES:**

**REASON FOR LEAVING:**

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**CERTIFICATES & LICENSES**

|                        |                                      |
|------------------------|--------------------------------------|
| <b>TYPE:</b>           | <b>ISSUING AGENCY:</b>               |
| <b>LICENSE NUMBER:</b> | <b>EXPIRATION DATE: (MONTH/YEAR)</b> |

|                        |                                      |
|------------------------|--------------------------------------|
| <b>TYPE:</b>           | <b>ISSUING AGENCY:</b>               |
| <b>LICENSE NUMBER:</b> | <b>EXPIRATION DATE: (MONTH/YEAR)</b> |

**SKILLS**

**OFFICE SKILLS:**  
 Typing:  
 Data Entry:

**OTHER SKILLS:**

**LANGUAGE(S):**

**ADDITIONAL INFORMATION****EMPLOYMENT REFERENCES**

|   |                      |
|---|----------------------|
| <b>REFERENCE NAME:</b>                          | <b>POSITION:</b>     |
| <b>ADDRESS: (Street, City, State, Zip Code)</b> |                      |
| <b>EMAIL ADDRESS:</b>                           | <b>PHONE NUMBER:</b> |

|   |                      |
|---|----------------------|
| <b>REFERENCE NAME:</b>                          | <b>POSITION:</b>     |
| <b>ADDRESS: (Street, City, State, Zip Code)</b> |                      |
| <b>EMAIL ADDRESS:</b>                           | <b>PHONE NUMBER:</b> |

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.

|  |                     |
|--|---------------------|
| <b>Signature of Applicant: (Sign in Ink)</b> | <b>Date Signed:</b> |
|--|---------------------|

## AGENCY-WIDE SUPPLEMENTAL QUESTIONS

**QUESTIONS WITH AN \* REQUIRE A RESPONSE.  
YOUR APPLICATION MAY BE REJECTED IF NOT COMPLETED.**

|      |  |
|------|--|
| * 1. | ARE YOU A CURRENT COUNTY OF SANTA CLARA EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| * 2. | WERE YOU PREVIOUSLY EMPLOYED BY THE COUNTY OF SANTA CLARA? YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| * 3. | IF YOU WERE PREVIOUSLY EMPLOYED BY THE COUNTY OF SANTA CLARA, WHAT WAS YOUR REASON FOR LEAVING?  |
| * 4. | AS AN ADULT, HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (MARIJUANA POSSESSION OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE DISCLOSED) YES <input type="checkbox"/> NO <input type="checkbox"/> |

**IF YOU ANSWERED "YES" TO QUESTION #4, QUESTIONS #5 – 8 ARE REQUIRED:**

|      |  |
|------|--|
| * 5. | INDICATE THE TYPE OF OFFENSE. <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Infraction <input type="checkbox"/> Not Applicable |
| * 6. | WHAT WAS THE DATE OF THE CONVICTION?   |
| * 7. | WHERE WAS THE LOCATION OF THE OFFENSE?   |
| * 8. | DESCRIBE THE NATURE OF THE OFFENSE.  |

**RESPONSES TO THE FOLLOWING QUESTIONS WILL BE USED TO IDENTIFY THE LOCATION, HOURS, AND SHIFT THAT YOU ARE WILLING TO ACCEPT.**

|      |   |  |   |
|------|---|--|---|
| * 9. | <input type="checkbox"/> NORTH COUNTY<br><input type="checkbox"/> SAN JOSE METROPOLITAN AREA<br><input type="checkbox"/> SOUTH COUNTY<br><input type="checkbox"/> LOCKED FACILITY | <input type="checkbox"/> FULL-TIME (40 HOURS PER WEEK)<br><input type="checkbox"/> .9 (36 HOURS PER WEEK)<br><input type="checkbox"/> .8 (32 HOURS PER WEEK)<br><input type="checkbox"/> .6 (24 HOURS PER WEEK)<br><input type="checkbox"/> .5 (20 HOURS PER WEEK) | <input type="checkbox"/> DAY SHIFT (APPROX. 8:00AM – 5:00PM)<br><input type="checkbox"/> PM SHIFT (APPROX. 3:00PM – 11:00PM)<br><input type="checkbox"/> NIGHT SHIFT (APPROX. 11:00PM – 7:00AM) |
|------|---|--|---|

|       |  |
|-------|--|
| * 10. | DO YOU CLAIM VETERAN'S PREFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>(IF YES, A COPY (NOT ORIGINAL) OF YOUR DD214 <b>MUST BE SUBMITTED PRIOR TO THE DATE OF EXAMINATION.</b> ) |
|-------|--|

|       |   |
|-------|---|
| * 11. | HIGHEST LEVEL OF EDUCATION <b>COMPLETED</b> :<br><br><input type="checkbox"/> 8 <sup>TH</sup> GRADE OR LESS <input type="checkbox"/> HIGH SCHOOL/GED/CA PROFICIENCY EXAM <input type="checkbox"/> ASSOCIATE'S DEGREE<br><br><input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE OR OTHER ADVANCED DEGREE |
|-------|---|

|  |  |  |   |
|--|--|--|---|
| * 12.  | SELECT THE LANGUAGE(S) IN WHICH YOU ARE FLUENT, OTHER THAN ENGLISH.<br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> NO OTHER LANGUAGE<br/> <input type="checkbox"/> AMERICAN SIGN LANGUAGE<br/> <input type="checkbox"/> ARABIC<br/> <input type="checkbox"/> CAMBODIAN<br/> <input type="checkbox"/> CANTONESE<br/> <input type="checkbox"/> FARSI<br/> <input type="checkbox"/> HINDI<br/> <input type="checkbox"/> HMONG<br/> <input type="checkbox"/> JAPANESE<br/> <input type="checkbox"/> KOREAN           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> LAOS<br/> <input type="checkbox"/> MANDARIN<br/> <input type="checkbox"/> MIEN<br/> <input type="checkbox"/> PERSIAN<br/> <input type="checkbox"/> RUSSIAN<br/> <input type="checkbox"/> SPANISH<br/> <input type="checkbox"/> TAGALOG<br/> <input type="checkbox"/> THAI<br/> <input type="checkbox"/> VIETNAMESE<br/> <input type="checkbox"/> OTHER           </td> </tr> </table> | <input type="checkbox"/> NO OTHER LANGUAGE<br><input type="checkbox"/> AMERICAN SIGN LANGUAGE<br><input type="checkbox"/> ARABIC<br><input type="checkbox"/> CAMBODIAN<br><input type="checkbox"/> CANTONESE<br><input type="checkbox"/> FARSI<br><input type="checkbox"/> HINDI<br><input type="checkbox"/> HMONG<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> KOREAN | <input type="checkbox"/> LAOS<br><input type="checkbox"/> MANDARIN<br><input type="checkbox"/> MIEN<br><input type="checkbox"/> PERSIAN<br><input type="checkbox"/> RUSSIAN<br><input type="checkbox"/> SPANISH<br><input type="checkbox"/> TAGALOG<br><input type="checkbox"/> THAI<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> OTHER |
| <input type="checkbox"/> NO OTHER LANGUAGE<br><input type="checkbox"/> AMERICAN SIGN LANGUAGE<br><input type="checkbox"/> ARABIC<br><input type="checkbox"/> CAMBODIAN<br><input type="checkbox"/> CANTONESE<br><input type="checkbox"/> FARSI<br><input type="checkbox"/> HINDI<br><input type="checkbox"/> HMONG<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> KOREAN | <input type="checkbox"/> LAOS<br><input type="checkbox"/> MANDARIN<br><input type="checkbox"/> MIEN<br><input type="checkbox"/> PERSIAN<br><input type="checkbox"/> RUSSIAN<br><input type="checkbox"/> SPANISH<br><input type="checkbox"/> TAGALOG<br><input type="checkbox"/> THAI<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> OTHER  |  |   |

|       |   |   |
|-------|---|---|
| * 13. | HOW DID YOU FIND OUT ABOUT THE JOB?<br><br><input type="checkbox"/> JOB ANNOUNCEMENT<br><input type="checkbox"/> COUNTY TELEPHONE RECORDING<br><input type="checkbox"/> EMAIL NOTIFICATION<br><input type="checkbox"/> INTERNET (SPECIFY WEBSITE IN QUESTION #14)<br><input type="checkbox"/> RADIO (SPECIFY STATION IN QUESTION #14) | <input type="checkbox"/> T.V. (SPECIFY STATION IN QUESTION #14)<br><input type="checkbox"/> NEWSPAPER (SPECIFY PUBLICATION IN QUESTION #14)<br><input type="checkbox"/> TRADE JOURNAL (SPECIFY JOURNAL IN QUESTION #14)<br><input type="checkbox"/> JOB FAIR (SPECIFY THE LOCATION IN QUESTION #14)<br><input type="checkbox"/> COUNTY EMPLOYEE (SPECIFY NAME OF EMPLOYEE IN QUESTION #14)<br><input type="checkbox"/> OTHER (SPECIFY WHERE YOU HEARD ABOUT THE POSITION IN QUESTION #14) |
|-------|---|---|

|     |  |
|-----|--|
| *14 | PLEASE INDICATE THE EXACT LOCATION WHERE YOU HEARD ABOUT THE JOB AS INDICATED IN QUESTION #13. |
|-----|--|

## VOLUNTARY STATISTICAL INFORMATION

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 or decisions regarding employment will be made based on your responses.

Do not complete the following questions if you are a current County Employee using this application to apply for a transfer opportunity.

|  |  |
|--|--|
| 15.  | ARE YOU AN INDIVIDUAL WHO NEEDS AN ACCOMMODATION IN THE EXAMINATION PROCESS BECAUSE OF A DISABILITY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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. |  |

|     |  |     |   |
|-----|--|-----|---|
| 16. | GENDER: <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | 17. | AGE GROUP: <input type="checkbox"/> UNDER 21 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 50 - 59<br><input type="checkbox"/> 21 - 29 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 60 OR OVER |
|-----|--|-----|---|

|   |              |   |
|---|--------------|---|
| 18.   | ETHNIC CODE: |   |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE:         |              | Origins in North and South America (including Central America), and who maintains tribal affiliations or community attachment.                                |
| <input type="checkbox"/> ASIAN:                                     |              | Origins in the Far East, Southeast Asia, or the Indian Subcontinent including Cambodia, China, India, Japan, Korea Malaysia, Pakistan, Thailand, and Vietnam. |
| <input type="checkbox"/> BLACK:                                     |              | Origins in any of the black racial groups of Africa.  |
| <input type="checkbox"/> FILIPINO:                                  |              | Origins in the Philippine Islands.  |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: |              | Origins in Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="checkbox"/> HISPANIC:                                  |              | Origins in Mexican, Chicano, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.                          |
| <input type="checkbox"/> WHITE:                                     |              | Origins in any of the original peoples of Europe, the Middle East, or North Africa  |
| <input type="checkbox"/> MULTI-RACIAL:                              |              | Combination of two or more of the above   |
| <input type="checkbox"/> OTHER                                      |              | Origins not categorized above   |
| <input type="checkbox"/> NOT SPECIFIED                              |              |   |