



## 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:				
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:				

### 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

<p>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.</p>	
Signature of Applicant (Sign in Ink):	Date Signed:

### 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. If you were previously employed by Santa Clara County, what was your reason for leaving?

\* 4. 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 #4, questions #5-#8 are required:

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

6. What was the date of conviction?

7. Where was the location of the offense?

8. Describe the nature of the offense.

\* 9. 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.)

\* 10. 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)

\* 11. Do you claim Veterans Preference? (If yes, a copy (not original) of DD214 form must be submitted.)  
 Yes  No

\* 12. 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 \_\_\_\_\_

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

American Sign Language  Mandarin  Tagalog  
 Cantonese  Russian  Vietnamese  
 Farsi  Spanish  Other: \_\_\_\_\_

14. 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.

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?

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.

16. Gender

Male  
 Female

17. Age Group:

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

18. Ethnic Code:

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