



City of Capitola  
 City of Watsonville  
 City of Santa Cruz  
 County of Santa Cruz

**SANTA CRUZ CONSOLIDATED  
 EMERGENCY COMMUNICATIONS CENTER  
 A Joint Powers Authority**

**EMPLOYMENT  
 APPLICATION**

**495 Upper Park Road  
 Santa Cruz, California 95065  
 (831) 471-1000 FAX (831) 471-1010**

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

**SCCECC/EQUAL OPPORTUNITY EMPLOYER.** Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position applied for. All statements are subject to verification. If you move, you must notify SCCECC in writing of your new address and phone number.

SOCIAL SECURITY NUMBER ____/____/____	LAST NAME, _____	FIRST NAME, _____	MIDDLE INITIAL _____	HOME TELEPHONE (____) _____
STREET NUMBER AND STREET NAME OR P.O. BOX _____				BUSINESS TELEPHONE (____) _____
CITY, STATE, ZIP CODE _____				MESSAGE TELEPHONE (____) _____

DO YOU POSSESS A VALID DRIVERS LICENSE?  YES  NO

ISSUING STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LICENSE CLASS: \_\_\_\_\_  
STANDARD IS C

Are you a citizen of the United States or do you have a legal right to work in the United States? (Written proof of citizenship or right to work will be required at time of hire.)  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>BILINGUAL LANGUAGE SKILLS:</b> Language: _____ Language: _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE <input type="checkbox"/> TRANSLATE	<b>OFFICE SKILLS:</b> TYPING _____ wpm COMPUTER _____ OTHER _____
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Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? If yes, you must list all convictions since your 18 <sup>th</sup> birthday on an attached sheet. Include offense, date, and place of conviction. (A yes answer will not automatically disqualify you from appointment.)  <input type="checkbox"/> YES <input type="checkbox"/> NO	Check the type(s) of work schedule(s) you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept.  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL
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**EDUCATION:** Check appropriate box if you possess one of the following: CIRCLE HIGHEST GRADE COMPLETED

High School Diploma  G.E.D. Certificate 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4  
 California High School Proficiency Certificate POST GRADUATE WORK \_\_\_\_\_ YEARS

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed		Degree or Certificate	Dates Attended	
			Semester	Quarter		From	To

Title and number of any license, certificate or credential relevant to this position. Attach a copy of any required certification (see job announcement)

Title _____	Number _____	Issued By _____	Expiration Date _____
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**DO NOT REMOVE**

SCCECC/Equal Opportunity Employer. The Authority desires to maintain certain statistical information on our 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:  MALE  FEMALE

**ETHNIC ORIGIN** (choose only one):

- |  |  |
|--|--|
| A. <input type="checkbox"/> <b>WHITE:</b> (not of Hispanic origin): All persons having origins to any of the original peoples of Europe, North Africa, or the Middle East.<br>B. <input type="checkbox"/> <b>AFRICAN-AMERICAN:</b> (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.<br>C. <input type="checkbox"/> <b>HISPANIC:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. | D. <input type="checkbox"/> <b>NATIVE AMERICAN:</b> All persons having origins to any of the original Peoples of North America.<br>E. <input type="checkbox"/> <b>ASIAN:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.<br>F. <input type="checkbox"/> <b>FILIPINO:</b> All persons having origins in the Philippine Islands |
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**EMPLOYMENT HISTORY:** NAME: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION FORM.** Respond completely to all information requested in this section. List all experience (within the last 10 years), including volunteer and military. Additional sheets may be attached to this application, if necessary, to fully describe related experience, training, and education. It is your responsibility to make and keep a copy of your completed application form and attachments. SCCECC is unable to do so.

BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:	NUMBER OF PERSONS SUPERVISED:
	FROM:	DUTIES:	
	TO:		
	TOTAL YRS/MO:		
PHONE:	HOURS PER WEEK:		
SUPERVISORS NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
REASON FOR LEAVING:			
BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:	NUMBER OF PERSONS SUPERVISED:
	FROM:	DUTIES:	
	TO:		
	TOTAL YRS/MO:		
PHONE:	HOURS PER WEEK:		
SUPERVISORS NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
REASON FOR LEAVING:			
BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:	NUMBER OF PERSONS SUPERVISED:
	FROM:	DUTIES:	
	TO:		
	TOTAL YRS/MO:		
PHONE:	HOURS PER WEEK:		
SUPERVISORS NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
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	FROM:	DUTIES:	
	TO:		
	TOTAL YRS/MO:		
PHONE:	HOURS PER WEEK:		
SUPERVISORS NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
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	FROM:	DUTIES:	
	TO:		
	TOTAL YRS/MO:		
PHONE:	HOURS PER WEEK:		
SUPERVISORS NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
REASON FOR LEAVING:			

**ADDITIONAL INFORMATION:** You may include any comments that show further qualification for this position. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT.** I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting SCCECC's physical requirements. I also authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and SCCECC from any liability for damages for receiving or releasing information. I further agree to be fingerprinted and to furnish proof of citizenship or right to work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO YOU REQUIRE SPECIAL ACCOMMODATIONS FOR TESTING OR INTERVIEWING BECAUSE OF A DISABILITY? If so, notify the Authority at the time you submit your application.  
 YES  NO TYPE: \_\_\_\_\_

RECRUITING SOURCE: Indicate how you learned about this position:  
 City/County Personnel Department  
 A friend or relative  
 Authority employee \_\_\_\_\_  
 Job announcement or poster on bulletin board  
 EDD or other job counselor  
 An ad in newspaper or publication. Which one: \_\_\_\_\_  
 Job fair. Which one: \_\_\_\_\_  
 Internet

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 verification from the Department of Veterans Affairs.)  
 YES  NO  
 Disability Rating: \_\_\_\_\_

ARE YOU OVER 40?  YES  NO