

## EMPLOYMENT APPLICATION

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

JPA No. \_\_\_\_\_

SCR911/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 SCR911 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 ( ) _____

EMAIL ADDRESS \_\_\_\_\_

DO YOU POSSESS A VALID DRIVERS LICENSE?     YES     NO  
 ISSUING STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

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: _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE	<b>OFFICE SKILLS:</b> TYPING _____ wpm COMPUTER _____ OTHER _____
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Check the type(s) of work schedules you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept.

FULL-TIME     PART-TIME  
 TEMPORARY     ON-CALL

**EDUCATION:** Check the box if you possess one of the following:  
 High School Diploma     G.E.D. Certificate  
 California High School Proficiency Certificate

CIRCLE HIGHEST GRADE COMPLETED  
 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4  
 POST GRADUATE WORK \_\_\_\_\_ YEARS

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units	Degree or Certificate	Date 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**

SCR911/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.  WHITE: (not of Hispanic origin): All persons having origins to any of the original peoples of Europe, North Africa, or the Middle East.
- B.  AFRICAN-AMERICAN: (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa
- C.  HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- D.  NATIVE AMERICAN: All persons having origins to any of the original Peoples of North America.
- E.  ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
- F.  FILIPINO: All persons having origins in the Philippine Islands.

**SANTA CRUZ REGIONAL 9-1-1**  
**A Joint Powers Authority**

**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. SCR911 is unable to do so.

BUSINESS / AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL YRS/MO:	JOB TITLE:	# OF PERSONS SUPERVISED:
PHONE:	HOURS PER WEEK:	DUTIES:	
SUPERVISOR'S NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
REASON FOR LEAVING:			

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PHONE:	HOURS PER WEEK:	DUTIES:	
SUPERVISOR'S NAME:	FINAL SALARY:		
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SUPERVISOR'S NAME:	FINAL SALARY:		
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY		
REASON FOR LEAVING:			

**ADDITIONAL INFORMATION:** You may include 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 SCR911'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 SCR911 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. <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	RECRUITING SOURCE: Indicate how you learned about this position: <input type="checkbox"/> City/County Personnel Department <input type="checkbox"/> A friend or relative <input type="checkbox"/> Authority employee _____ <input type="checkbox"/> Job announcement or poster on bulletin board <input type="checkbox"/> EDD or other job counselor <input type="checkbox"/> Online website. Please specify: _____ <input type="checkbox"/> SCR911 website <input type="checkbox"/> Other. Please specify: _____
DO YOU CLAIM VETERANS SERVICE PREFERENCE? (If yes, attach a copy of your DD214.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A VIETNAM ERA VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A DISABLED VETERAN? (If yes, attach a copy of verification from the Department of Veterans Affairs.) <input type="checkbox"/> YES <input type="checkbox"/> NO Disability Rating: _____	
ARE YOU OVER 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	