

# Employment Application

(Equal Opportunity Employer)

**City of Scotts Valley  
Personnel Department  
One Civic Center Drive  
Scotts Valley, CA 95066  
831-440-5602**

## INFORMATION AND INSTRUCTIONS FOR APPLICANTS:

- a. Answer all questions completely and accurately.
- b. Print or type all answers.
- c. A false statement will be an automatic disqualification.
- d. If you move, notify the City immediately.
- e. If you need additional space, use a plain sheet of paper.
- f. Resumes are welcome, but application must be completed.

POSITION(S) APPLIED FOR:

How did you hear about this job opening?

Job Flyer: \_\_\_\_\_ Trade Publication: \_\_\_\_\_  
Newspaper Ad: \_\_\_\_\_ Other: \_\_\_\_\_

LAST  
NAME

FIRST  
NAME

MIDDLE  
INITIAL

MAILING ADDRESS

City State Zip

PHONE NUMBER

Day:  
Evening:

HOME ADDRESS IF DIFFERENT

City State Zip

HOW LONG THERE

PREVIOUS ADDRESS

City State Zip

HOW LONG THERE

If the job requires, will you be 18 years of age prior to employment date?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If the job requires, will you be 21 years of age prior to employment date?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

VALID CA DRIVER'S LICENSE # \_\_\_\_\_

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

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**PERSONAL REFERENCES:** (List three. Do not list relatives or former employers.)

Name:	Phone:	Occupation:	Years Known:
1.			
2.			
3.			

**EDUCATION:**

Date last attended

Diploma/Degree

1 - HIGH SCHOOL:

2 - COLLEGE:

3 - TRADE SCHOOL:

Have you been convicted of a felony in the past (7) seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

List licenses or professional certificates: ATTACH COPY

(i.e. Valid Calif P.O.S.T. Certificate, Valid Certificate of Completion from Calif P.O.S.T. Certified Basic Academy, CPA, Engineering certificates, etc.)

List any special skills, equipment or office machines you can operate:

**EMPLOYMENT HISTORY** (Begin with your present/most current employment)  
 ATTACH A SEPARATE PAGE IF NEEDED FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

From: _____ Month      Year	To: _____ Month      Year	Title of Position:
Name and Address of Employer: Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Name and Phone Number of Supervisor Name: _____ Phone Number: _____
Number of Employees Supervised:	Monthly Salary	Hours worked per Week:
Reason for Leaving:		
Description of Job Duties:		

From: _____ Month      Year	To: _____ Month      Year	Title of Position:
Name and Address of Employer: Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Name and Phone Number of Supervisor Name: _____ Phone Number: _____
Number of Employees Supervised:	Monthly Salary	Hours worked per Week:
Reason for Leaving:		
Description of Job Duties:		

From: _____ Month      Year	To: _____ Month      Year	Title of Position:
Name and Address of Employer: Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Name and Phone Number of Supervisor Name: _____ Phone Number: _____
Number of Employees Supervised:	Monthly Salary	Hours worked per Week:
Reason for Leaving:		
Description of Job Duties:		

May we contact your present and past employers? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment or entrance to any selection procedure. I agree to undergo a physical examination and understand that employment is contingent upon meeting the city's physical requirement, as well as satisfactory completion of a background investigation. 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 the city from any liability for damages for receiving or releasing information.

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

**JOB PERFORMANCE REASONABLE ACCOMMODATION STATEMENT** - As an applicant for a position with the City of Scotts Valley, can you perform all described job functions required by this position without reasonable accommodation? YES " NO "

If "Yes", sign below.  
 If "No", describe the function(s) you are unable to perform without reasonable accommodation and list your suggestion(s) on a separate paper of what would be reasonable accommodation. Sign below and submit with your accommodation suggestion(s).

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