



City of Scotts Valley

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

FOR OFFICIAL USE ONLY
DATE RECEIVED

INFORMATION AND INSTRUCTIONS FOR APPLICANTS

- Use blue or black ink, type, or complete on-line.
- Applications not completed thoroughly, accurately, and legibly may be disqualified.
- A separate application must be completed for each position.
- Resumes are welcome, but may not be substituted for this application.
- Applicants requesting accommodation, please contact the Human Resources Department.

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____

CONTACT INFORMATION

Name	
Street Address / City / ST / Zip	
Mailing Address / City / ST / Zip	
Phone – Primary	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Phone – Secondary	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address	

DO YOU POSSESS A VALID DRIVER'S LICENSE YES NO

Issuing State: _____ License Number: _____ Expiration Date: _____ License Class: _____

CITIZENSHIP	BILINGUAL LANGUAGE SKILLS	WORK SCHEDULES
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	Language _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Translate	Language _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Translate Check the 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"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call

If the job requires, will you be 18 years of age prior to employment date? <input type="checkbox"/> YES <input type="checkbox"/> NO	If the job requires, will you be 21 years of age prior to employment date? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Pursuant to AB 218, the City of Scotts Valley will no longer request conviction information or proof of safe driving record at the time of application submission for paid employment. Only candidates who pass the application screening process will be required to provide conviction information to the Human Resources Department. Conviction information will still be required with initial application for any position where a background check is required by law or exempt from AB 218.

Upon request for conviction information by the Human Resources Department, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. Newly hired employees are subject to being fingerprinted, to verify conviction history, prior to start of work.

Pursuant to California Public Resources Code Section 5164, the City is prohibited from hiring an employee or volunteer to perform services at a park, playground, or recreation center, in a position having supervisory or disciplinary authority over any minor, when that person has been convicted of specified offenses. You may obtain a CODE SECTION 5164 SCREENING FORM, which includes applicable offenses, from the Human Resources Department.

ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF SCOTTS VALLEY OR SERVING ON THE CITY COUNCIL?

- YES If yes, provide name/s and department/s:
- NO Name/Department _____
How related _____

EMPLOYMENT HISTORY: Resumes will not be accepted in place of a completed application form. Please list your most recent employment first. List all experience, including volunteer and military. Additional information may be attached to this application to fully describe related work experience. List as many actual job duties as possible.

<p>BUSINESS OR AGENCY NAME AND ADDRESS: _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME/TITLE: _____ _____ MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING :</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: ____/____ YRS / MOS HOURS PER WEEK: ____</p>	<p>JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED: _____ DUTIES: (Limit of 600 characters)</p>
<p>BUSINESS OR AGENCY NAME AND ADDRESS: _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME/TITLE: _____ _____ MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING :</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: ____/____ YRS / MOS HOURS PER WEEK: ____</p>	<p>JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED: _____ DUTIES: (Limit of 600 characters)</p>
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<p>BUSINESS OR AGENCY NAME AND ADDRESS: _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME/TITLE: _____ _____ MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING :</p>	<p>DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: ____/____ YRS / MOS HOURS PER WEEK: ____</p>	<p>JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED: _____ DUTIES: (Limit of 600 characters)</p>

