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## Instructions for completing a City of Santa Ana Job Application

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### **STEPS:**

1. The City's job application can be completed by tabbing from one field to another and inputting the appropriate information requested.
2. You may either click or hit the space bar for those boxes requiring a check mark.
3. After the application has been completed, please print.
4. Please **sign your application** in ink.
5. Submit the **signed application** and any other required documentation (i.e. supplemental application, certificates) to:

City of Santa Ana  
Personnel Services, M-24  
20 Civic Center Plaza, 5<sup>th</sup> floor  
PO Box 1988  
Santa Ana, CA 92702-1988

6. City applications must be received by the closing date of the job bulletin in the Personnel Services Agency. **Postmarks, faxed applications or résumés in lieu of application will not be accepted.**
7. **Notification may be sent via e-mail.** *Please use a valid e-mail address.*

# APPLICATION FOR EMPLOYMENT

## CITY OF SANTA ANA PERSONNEL SERVICES DEPARTMENT

20 CIVIC CENTER PLAZA, M-24

P.O. BOX 1988

SANTA ANA, CA 92702

(714) 647-5340

The City of Santa Ana is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

All job offers are contingent upon the successful completion of a background process which may include a police records check and a medical examination which includes drug screening.

PLEASE TYPE OR PRINT LEGIBLY. THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. RESUME MAY BE ATTACHED, BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR:	ARE YOU UNDER 18 YEARS OF AGE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ENTER JOB BULLETIN NUMBER (See lower left corner of Job announcement flyer)	APPLICANT, CHECK ONLY IF APPLYING FOR A PUBLIC SAFETY POSITION. ARE YOU OVER 60 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PRINT YOUR FULL NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div> ADDRESS: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Number)</span> <span>(Street)</span> <span>(Apt. No.)</span> </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>	TELEPHONE/CONTACT INFORMATION:  HOME: (        ) BUSINESS: (        ) E-MAIL: _____  DRIVER'S LICENSE # _____ STATE _____ CLASS _____  EXPIRATION DATE _____
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SOCIAL SECURITY NUMBER	WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK AND UNDERSTAND FLUENTLY?	HAVE YOU THE LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>
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HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY BY A COURT OF LAW OR A MILITARY TRIBUNAL (do not include or disclose convictions that are over two years old which involved violations of Health and Safety Code sections 11357, 11360, 11364, 11365 or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes)? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, GIVE DETAILS BELOW. EMPLOYABILITY WILL DEPEND UPON THE NATURE OF THE OFFENSE, THE JOB IN QUESTION, AND THE CONDUCT OF THE APPLICANT SINCE THE OFFENSE WAS COMMITTED.	ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF SANTA ANA? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IN WHAT DEPARTMENT IS YOUR RELATIVE EMPLOYED: _____  NAME OF RELATIVE: _____ RELATIONSHIP: _____
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DATE	CITY AND STATE	OFFENSE	PENALTY OR DISPOSITION

EDUCATION			
CIRCLE HIGHEST GRADE COMPLETED	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A GED CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
1 2 3 4 5 6 7 8 9 10 11 12			

COLLEGE OR UNIVERSITY ATTENDED	ATTENDANCE DATES	MAJOR	UNITS	DEGREE RECEIVED

**OTHER JOB RELATED TRAINING**

**PROFESSIONAL LICENSES OR CERTIFICATES**

**PROFESSIONAL MEMBERSHIPS**

**REMARKS:**

U.S. ARMED FORCES YES <input type="checkbox"/> (IF YES, COMPLETE SECTION BELOW) NO <input type="checkbox"/>			
BRANCH OF SERVICE	YEARS OF ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	RANK
IF YOU WISH TO CLAIM VETERAN'S CREDIT YOU MUST ATTACH A COPY OF FORM DD214 TO YOUR APPLICATION			
<b>EXPERIENCE:</b> LIST YOUR PRESENT OR MOST RECENT JOB FIRST. CAREFULLY ACCOUNT FOR ALL RECENT EMPLOYMENT (AT LEAST THE LAST TEN YEARS). BY GIVING COMPLETE INFORMATION, YOU WILL IMPROVE YOUR CHANCES FOR EMPLOYMENT. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.			
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF 'NO' EXPLAIN:			
FROM: MONTH / YEAR	TO: MONTH / YEAR	TITLE OF YOUR POSITION	
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME OF SUPERVISOR		PHONE NO.	
REASON FOR LEAVING	NO. SUPERVISED (IF ANY)	SALARY \$	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
HOUSRS PER WEEK			
FROM: MONTH / YEAR	TO: MONTH / YEAR	TITLE OF YOUR POSITION	
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME OF SUPERVISOR		PHONE NO.	
REASON FOR LEAVING	NO. SUPERVISED (IF ANY)	SALARY \$	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
HOUSRS PER WEEK			
FROM: MONTH / YEAR	TO: MONTH / YEAR	TITLE OF YOUR POSITION	
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME OF SUPERVISOR		PHONE NO.	
REASON FOR LEAVING	NO. SUPERVISED (IF ANY)	SALARY \$	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
HOUSRS PER WEEK			
FROM: MONTH / YEAR	TO: MONTH / YEAR	TITLE OF YOUR POSITION	
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME OF SUPERVISOR		PHONE NO.	
REASON FOR LEAVING	NO. SUPERVISED (IF ANY)	SALARY \$	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
HOUSRS PER WEEK			
FROM: MONTH / YEAR	TO: MONTH / YEAR	TITLE OF YOUR POSITION	
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME OF SUPERVISOR		PHONE NO.	
REASON FOR LEAVING	NO. SUPERVISED (IF ANY)	SALARY \$	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
HOUSRS PER WEEK			
USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.			
I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF I UNDERSTAND THAT FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION, REMOVAL OF NAME FROM ELIGIBLE LIST OR DISMISSAL FROM POSITION (SANTA ANA MUNICIPAL CODE SECTION 9.5(J))			
SIGNATURE OF APPLICANT		DATE	
PRINT YOUR NAME			

In order to comply with Federal Regulations in the area of Equal Employment Opportunity, the City of Santa Ana requests that applicants provide the following information. *This is voluntary.* The information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to State and Federal regulatory agencies.

POSITION APPLYING FOR: \_\_\_\_\_ JOB BULLETIN NO: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

**ETHNIC BACKGROUND** (see below for definitions):

- White  Asian or Pacific Islander  
 Black  American Indian  
 Hispanic  Other

**EDUCATION** (check the highest grade completed):

**GED:** YES NO

1 2 3 4 5 6 7 8 9 10 11 12

**COLLEGE EDUCATION** (check appropriate number):

1 2 3 4 5 6 7 8  
AA BA/BS MA/MS Ph.D.

Please take a few moments to answer the following question. Your response will help us assess how effective our recruitment efforts were for this position. **How did you hear about this employment opportunity?**

Friend/Relative \_\_\_\_\_ TV (list station) \_\_\_\_\_  
City Employee \_\_\_\_\_ Radio (list station) \_\_\_\_\_  
Community Center \_\_\_\_\_ L.A. Times Newspaper \_\_\_\_\_  
Jobs Available \_\_\_\_\_ Orange Co Register New spaper \_\_\_\_\_  
City Website \_\_\_\_\_ Other Newspaper (list name) \_\_\_\_\_  
Other Website (list names) \_\_\_\_\_ Other Source(s) \_\_\_\_\_

Ethnic/racial definitions are those prescribed by the Equal Employment Opportunity Commission (see U.S.C., Title 29, Chapter XIV, Subpart 1, Section 1602.30).

1. The category "White" (not of Hispanic origin): all persons having origins in any of the original people of Europe, North Africa or the Middle East.
2. The category "Black" (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.
3. The category "Hispanic": all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
4. The category "Asian or Pacific Islanders": all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5. The category "American Indian or Alaskan Native": all persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.