

# CITY OF SANTA ANA ~ APPLICATION FOR EMPLOYMENT



## Personnel Services Department

20 Civic Center Plaza (5th FL), M-24, P.O. Box 1988, Santa Ana, CA 92702

Phone: 714-647-5340 ~ Job Hotline: 714-647-6500

website: [www.santa-ana.org](http://www.santa-ana.org)

*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, or any other legally protected category. 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 may include drug screening.*

**INSTRUCTIONS: QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE. PLEASE PRINT LEGIBLY. RESUME MAY BE ATTACHED BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION. FAXED APPLICATIONS WILL NOT BE ACCEPTED. YOU MUST COMPLETE AND SUBMIT A SEPARATE APPLICATION FOR EACH POSITION OF INTEREST. SOME POSITIONS REQUIRE A SUPPLEMENTAL APPLICATION FORM. IF YOU WISH TO APPLY ONLINE, VISIT [WWW.SANTA-ANA.ORG](http://WWW.SANTA-ANA.ORG) AND CLICK ON EMPLOYMENT. THE CITY OF SANTA ANA NOTIFIES APPLICANTS VIA EMAIL ONLY. PLEASE CHECK YOUR EMAIL REGULARLY.**

### JOB INFORMATION

* JOB/POSITION #	*POSITION TITLE
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### PERSONAL INFORMATION

* LAST NAME <small>IF CHANGED, PLEASE ALSO PROVIDE FORMER LAST NAME.</small>	MIDDLE	*FIRST NAME
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*ADDRESS	Date of Birth (mm/dd) <small>Do not include yr</small>
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*CITY	*STATE	* ZIP
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HOME PHONE	ALTERNATE PHONE
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*EMAIL ADDRESS	*IF RELATED TO ANYONE WORKING FOR THE CITY OF SANTA ANA, PLEASE PROVIDE NAME, RELATIONSHIP AND DEPT.
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*ARE YOU <b>UNDER</b> 18 YRS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	*ARE YOU A US CITIZEN OR DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? 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 MILITARY TRIBUNAL (DO NOT DISCLOSE CONVICTIONS THAT ARE OVER TWO YEARS OLD WHICH INVOLVED VIOLATIONS OF HEALTH & SAFETY CODE SECTION 11357, 11360, 11364, 11365 OR 11550, AS THOSE STATUTES ARE RELATED TO MARIJUANA PRIOR TO JAN 1, 1976, OR A STATUTORY PREDECESSOR TO THOSE STATUTES)? YES  NO   
 If yes, for each conviction 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.

DATE	CITY & STATE	PENALTY OR DISPOSITION	OFFENSE <small>(ATTACH PAPER OR USE ADDT'L INFO SECTION FOR FURTHER EXPLANATION)</small>

### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

#### HIGH SCHOOL EDUCATION

\* DID YOU GRADUATE FROM HIGH SCHOOL? YES  NO   
 \* IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7  8  9  10  11  12  \*DO YOU HAVE A G.E.D. CERTIFICATE? YES  NO   

*SCHOOL NAME	*CITY	*STATE	COUNTRY
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#### COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR	
SCHOOL NAME	DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR	





**MILITARY SERVICE**

\*ARE YOU A MEMBER OF THE U.S. ARMED FORCES? YES  NO   
IF YES, PLEASE COMPLETE SECTION BELOW. IF YOU WISH TO CLAIM VETERAN'S CREDIT, YOU MUST ATTACH A COPY OF FORM DD214 TO YOUR APPLICATION.

BRANCH OF SERVICE	YRS OF ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	RANK
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**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Experience, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

**REFERENCES (OPTIONAL)**

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

**APPLICANT DECLARATIONS**

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)].

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
DATE

## EQUAL EMPLOYMENT OPPORTUNITY

**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/POSITION #

DATE

FULL NAME (LAST, MIDDLE, FIRST)

ADDRESS

CITY, STATE, ZIP CODE

AGE

GENDER  MALE  FEMALE

HIGH SCHOOL EDUCATION (CHECK HIGHEST GRADE COMPLETED)

- |                            |                            |                             |
|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |

DO YOU HAVE A G.E.D. CERTIFICATE?  YES  NO

COLLEGE EDUCATION (CHECK APPROPRIATE NUMBER AND/OR TYPE OF DEGREE)

- |                            |                            |
|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 |

AA  BS/BA  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?**

- |   |   |
|---|---|
| <input type="checkbox"/> FRIEND/RELATIVE  | <input type="checkbox"/> NEWSPAPER _____        |
| <input type="checkbox"/> COMMUNITY CENTER | <input type="checkbox"/> MAGAZINE/JOURNAL _____ |
| <input type="checkbox"/> CITY EMPLOYEE    | <input type="checkbox"/> INTERNET _____         |
| <input type="checkbox"/> RADIO/TV         | <input type="checkbox"/> JOB FAIR _____         |
| <input type="checkbox"/> WALK-IN          | <input type="checkbox"/> OTHER _____            |

**RACE/ETHNICITY:**

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- HISPANIC OR LATINO
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- WHITE
- TWO OR MORE RACES

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

- "American Indian or Alaska Native" (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- "Asian" (not Hispanic or Latino): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, Japan, Korea, the Philippine Islands, Cambodia, India, Malaysia, Pakistan, Thailand, and Vietnam.
- "Black or African-American" (not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.
- "Hispanic or Latino": A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
- "Native Hawaiian or Other Pacific Islander" (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- "White" (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- "Two or More Races" (not Hispanic or Latino): A person who identifies with more than one of the above six races.