

# Santa Clara County Open Space Authority

## APPLICATION FOR EMPLOYMENT

### READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

Answer all questions completely and accurately. Incomplete or illegible applications may be rejected. False or misleading statements on this form and/or during the interview are grounds for terminating the application process, or if discovered after employment, terminating employment. If you feel that you have need for special testing arrangements due to physical limitations, call (408) 224-7476.

<b>Position Applied For</b>			<b>Date of Application</b>		
<b>Where Did you Hear About the Job?</b>					
<b>Name</b>				<b>Social Security Number</b>	
<b>Address</b>			<b>Apt #</b>		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>City</b>		<b>State:</b>		<b>Zip:</b>	
				Do you have a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____	
<b>Telephone</b>	<b>Day:</b>	<b>Eve:</b>		<b>Email:</b>	
Have you been convicted of a felony within the last 7 years (excluding any sealed or expunged convictions)? <i>Conviction will not necessarily disqualify an applicant from employment</i> If yes, please explain: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EDUCATION</b>						Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED					
<b>College or University</b>		<b>Major</b>		<b>Minor</b>		<b>Units Completed Semester</b>		<b>Degrees Received</b>		<b>Year Received</b>	
						<b>Quarter</b>					
<b>Licenses, Certificates, Other Courses or Training</b>											
<b>Description</b>				<b>Issued by</b>		<b>Number</b>		<b>Year Attained</b>		<b>Expiration Date</b>	
<b>List other skills, abilities or other relevant experience that would help you in performing this job</b>											

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## EMPLOYMENT HISTORY

Please list your employment history for the past ten years. Begin with your most recent position. Attach extra sheets if necessary. If you feel that you have need for special testing arrangements due to physical limitations, call (408) 224-7476.

**DO NOT SUBSTITUTE A RESUME FOR THE INFORMATION REQUESTED**

Employer	Supervisor	Dates Employed	
		From	To
Job Title	Telephone #		
Address	# Employees Supervised	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			
Describe Accomplishments or Special Projects Completed			
Employer	Supervisor	Dates Employed	
		From	To
Job Title	Telephone #		
Address	# Employees Supervised	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
Description of Job Duties/Work Performed:			
Describe Accomplishments or Special Projects Completed			
Employer	Supervisor	Dates Employed	
		From	To
Job Title	Telephone #		
Address	# Employees Supervised	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
Description of Job Duties/Work Performed:			

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Describe Accomplishments or Special Projects Completed
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<b>COMPUTER SKILLS – List Software programs and/or hardware and level of proficiency</b>			
Software Program	Proficiency Level (High, Medium, Low)	Software Program	Proficiency Level (High, Medium, Low)
<b>Hardware Type and Proficiency</b>			
Other Computer Related Skills (networking, website design, hardware troubleshooting, software troubleshooting, etc.)			

<b>Please state your reason(s) for wanting to work in this position and for the Open Space Authority.</b>

<b>REFERENCES -- Please list three people who have knowledge of your skills and abilities.</b>		
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
Do you authorize the Authority to obtain information regarding your job performance from previous employers?		
<input type="checkbox"/> YES <input type="checkbox"/> NO    Exceptions:		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

- If you feel that you have need for special testing arrangements due to physical limitations, call (408) 224-7476
- Return your completed, signed and dated application, along with any other requested materials to:
 

Santa Clara County Open Space Authority  
 6980 Santa Teresa Blvd., Suite 100  
 San Jose, CA 95119

*I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I agree and understand that any misstatement of material fact contained in this application may cause me to forfeit all rights to employment with the Santa Clara County Open Space Authority. I understand that the Open Space Authority may perform background and employment verification with the information contained in this application.*

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date