

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Human Resources 450 H Street, Room 209, Crescent City CA 95531 (707) 464-8115 x109

www.delnorte.courts.ca.gov

OFFICE USE ONLY					
A Reason Date Date					
By:					

Instructions: Please	e complete all It in blue or black ink.	TITLE OI	TITLE OF POSITION FOR WHICH YOU ARE APPLYING:				
Notify the Hu	ıman Resources & Labor Relations Bureau						
of any change	e of address or phone number.	L					
NAME							
ADDRESS							
CONTACT NUMBERS	HOME PHONE CELLULAR PHONE		WORK PHONE EMAIL ADDRESS				
IF YOU ARE NOW EMPLOYED BY SUPERIOR COURT	CURRENT STATUS JOB TITLE						
ELIGIBILITY	Have you ever been convicted of a felony. Yes No	misdemeanor or	If yes, please give date and details:				
ELIGIBILITY	CAN YOU, UPON EMPLOYMENT, P. THE UNITED STATES? Yes	ROVIDE PROOF (OF IDENTITY AND PI	ROOF OF ELIGIBILITY TO WORK IN			
	SPECIAL S Related to or required b applying.	KILLS AND ABIL by the position fo	ITIES or which you are				
OMPUTER KNOW							
			=\/2=4				

PROGRAM	NAME OF SOFTWARE/APPLICATIONS	TYPES OF DOCUMENTS	LEVEL OF EXPERTISE (Limited, Proficient or Expert)
WORD PROCESSING			
SPREADSHEETS			
COURT MANAGEMENT SYSTEMS			
EMAIL/INTERNET			

EDUCATION

HIGH SCHOOL EDUCATION								
Highest Grade Completed	☐ GRA	ADUATED	☐ GED					
	COLLEGE/UNIVERSITY							
	AME OF UNIVERSITY	COURSE OF STUDY/MAJOR	# OF YEARS COMPLETED	DEGREE AWARDED? YES NO	LAST YEAR OR YEAR DEGREE AWARDED			
JOE	B-RELATED ACADEMI	C, TECHNICAL OR V	OCATIONAL TRA	INING				
NAME AND LOCATION OF INSTITUTION	TITLE OR DES	SCRIPTION OF PROGRA						
Rela	ESSIONAL CREDENTIA	LS (LICENSES, CERT by the position for	TFICATES, REGIST which you are	rrations)				
NAME OR DESCRIPTION	ISSUING A	AGENCY OR SERIAL #		ISSUE DATE	EXPIRATION DATE			
		ENT HISTORY - PAID						
Beginning with your most recent job, list all jobs that you believe may be related to the position for which you are applying. Carefu describe all experience, paid or unpaid, which shows how you meet the minimum qualifications as stated in the job announcement. you need more space, attach additional sheets. If you are or were employed in an organization in which you held multiple position please list each job title separately. Completion of this section is required however, you may also attach a résumé if desired.								
From (Mo/Yr) Current (Mo	ost Recent) Employer	Jo	b Title		# of Staff Supervised By You			
To (Mo/Yr) Regular Hrs/Week Street or Mailing Address		Ci [,]	City/State/Zip Code					
Supervisor's Name		Su			Phone Number			
Why did you Leave								
Duties								

EMPLOYMENT HISTORY - PAID, UNPAID

Beginning with your most recent job, list all jobs that you believe may be related to the position for which you are applying. Carefully describe all experience, paid or unpaid, which shows how you meet the minimum qualifications as stated in the job announcement. If you need more space, attach additional sheets. If you are or were employed in an organization in which you held multiple positions, please list each job title separately. **Completion of this section is required** however, you may also attach a résumé if desired.

From (Mo/Yr)	Employer	Job Title	# of Staff Supervised
To (Mo/Yr)			By You
Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name	,	Supervisor's Title	Phone Number
Why did you Leave			
Duties			
From (Mo/Yr)	Employer	Job Title	# of Staff Supervised
			By You
To (Mo/Yr) Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name	,	Supervisor's Title	Phone Number
Why did you Leave			
Duties			
<u> </u>			
From (Mo/Yr)	Employer	Job Title	# of Staff Supervised
	Employer	Job Title	# of Staff Supervised By You
From (Mo/Yr) To (Mo/Yr) Regular Hrs/Week	Employer Street or Mailing Address	Job Title City/State/Zip Code	# of Staff Supervised By You
To (Mo/Yr)			# of Staff Supervised By You Phone Number
To (Mo/Yr) Regular Hrs/Week		City/State/Zip Code	By You
To (Mo/Yr) Regular Hrs/Week Supervisor's Name		City/State/Zip Code	By You
To (Mo/Yr) Regular Hrs/Week Supervisor's Name Why did you Leave		City/State/Zip Code	Phone Number # of Staff Supervised
To (Mo/Yr) Regular Hrs/Week Supervisor's Name Why did you Leave Duties From (Mo/Yr)	Street or Mailing Address	City/State/Zip Code Supervisor's Title	Phone Number
To (Mo/Yr) Regular Hrs/Week Supervisor's Name Why did you Leave Duties	Street or Mailing Address	City/State/Zip Code Supervisor's Title	Phone Number # of Staff Supervised
To (Mo/Yr) Regular Hrs/Week Supervisor's Name Why did you Leave Duties From (Mo/Yr) To (Mo/Yr)	Street or Mailing Address Employer	City/State/Zip Code Supervisor's Title Job Title	Phone Number # of Staff Supervised
To (Mo/Yr) Regular Hrs/Week Supervisor's Name Why did you Leave Duties From (Mo/Yr) To (Mo/Yr) Regular Hrs/Week	Street or Mailing Address Employer	City/State/Zip Code Supervisor's Title Job Title City/State/Zip Code	Phone Number # of Staff Supervised By You

ADDITIONAL EMPLOYMENT INFORMATION

SIGNATURE OF APPLICANT	DATE
I certify that I have read, fully understand and accept all terms of	of the foregoing Applicant Statement.
I understand that any offer of employment I receive may be completion of a background investigation which may include cr	ontigent upon passing a job-related physical, drug test and/or satisfactory riminal and financial information.
to the best of my knowledge and belief a	d documents of this employment application is accurate, complete and true and may be subject to verification. I understand that by result in denial of employment or used for disciplinary action, including
PLEASE READ BEFORE SIGNING.	
APPLICANT STATEMENT	
Is there any other job-related information you want us to know about you?	
In your current job, have you ever written instructions or directions to be followed by employees or customers? If yes, please explain.	
If not address on the previous page, have you ever been fired or asked to resign from a job? If yes, please explain.	
Explain any gaps in your employment, other than those due to personal illness, injury or disability.	

REASONABLE ACCOMMODATION DURING EXAM PROCESS

If you require accommodation in the examination process because of a disability, please call (707) 464-8115 ext. 109 to discuss your needs.

		RECRUITING SC	URCE			
HOW DID YOU LEARN OF THIS OPEN POSITION?						
Superior Court Website		Newspaper		Employee	☐ Walk-I	n
IF ONE	OF THE FOLLOWING S	SOURCES LISTED	D BELOW, PLE	ASE SPECIFY:		
Posting in Non-Court Loc	ation:					
Newspaper:						
School/Career Placement	Center:					
Publication or Organization	on whose primary empha	asis is diversity:				
Other:						
	CON	FIDENTIAL INFO	RMATION			
be maintained separately from are referred for employment co						
Sex:	Male	remaie		<u> </u>		
R	RACIAL OR ETHNIC GR	OUP (Please che	ck or comple	te one box onl	ly)	
and who maintain cultural					eoples of North	America,
ASIAN: All persons having area includes, for example			the Far East, So	outheast Asia or	r the Indian Subo	continent. The
BLACK (Not of Hispanic C	Drigin): All persons hav	ing origins in any	of the Black r	acial groups of	Africa.	
FILIPINO: All persons havi	ng origins in the people	s of the Philippin	e Islands.			
HISPANIC: All persons of I regardless of race.	Mexican, Puerto Rican,	Cuban, Central or	r South Americ	can, or other Sp	anish culture or	origin,
NATIVE HAWAIIN OR PAG	CIFIC ISLANDER: All pe	ersons having orig	gins in any of t	he Hawaiian or	Pacific Islands.	
WHITE (Not of Hispanic C Middle East.)rigin): All persons hav	ing origins in any	of the origina	l peoples of Eur	rope, North Afric	ca, or the
Decline to State						
ARE YOU AN INDIVIDUAL V	 VITH A DISABILITY? Y	es No	<u> </u>			