Application For Employment

Superior Court of California, County of Sierra

Please complete all sections regardless of whether you attach a resume. Please print or type.				I am applying for the position of:				
Name	Last	First	Middle	(Har	processing and/or computer dware)	•		
Address	Number and street			and have used: (Software Programs) For clerical applicants only: I certify that I can type at a speed of wpm.				
Phone	City () Business Phone	State () Home Phone	Zip Code	List any former names under which you have worked or attended school:				
Education	university, busi	ocation of college or ness, correspondence, r service school	Course of	study	Type of degree or certificate received. (If none, enter "None.")	If no degree re number of uni Semester units		
Currently valid certificates of professional or vocational competence, licenses a professional associations (You may exclude those that indicate race, creed, se origin, physical handicap or any other protected class):								
For attorney applicants only: Enter date of bar admission Were you ever discharged or rejected during probation, or have you resigned under threat of discharge or unfavorable circumstances from any employment? You may omit any incident occurring over 10 years ago.					G.E.D			
☐ Yes* ☐ No				Please complete both sides of this application and return to:				
*If your answer is yes, give details:				Sierra Superior Court 100 Courthouse Square, 2nd Floor P.O. Box 476 Downieville, CA 95936 Attn: Human Resources				

Experience	experience in the la qualifications for the actual time (number	all sections regardless of whether you attach a resume. Begin st 10 years, including U.S. military service. Give details on the work is potion. If necessary, go back more than 10 years to demonstrate or of hours per day or per week) spent in such experience. Also, list num qualifications of the position for which you are applying.	rk experience that you believe meets the minimum e your qualifications. For each job worked, show				
Period of emplo		Job classification and most important duties perform	ed Name and address of employer				
	То	Job title:	Name:				
/		Duties:	Address:				
Total: years months		No. of employees supervised:					
		Reason for leaving:	Supervisor's name:				
F	+ -	3.1.31	and phone:				
	To ,	Job title:	Name:				
/		Duties:	Address:				
Total: year	5 IIIOIILIIS	No. of employees supervised:	Supervisor's name:				
		Reason for leaving:	and phone:				
From	То	Job title:	Name:				
/		Duties:	Address:				
Total:year		No. of employees supervised:					
•		Reason for leaving:	Supervisor's name:				
		7	and phone:				
	То	Job title:	Name:				
/	/	Duties:	Address:				
Total: year	rs months	No. of employees supervised:					
		Reason for leaving:	Supervisor's name:				
			and phone:				
From	To ,	Job title:	Name:				
/		Duties:	Address:				
Total: year	s months	No. of employees supervised:	Companying via page 1				
		Reason for leaving:	Supervisor's name:				
	Bood care	fully hefere cianing. I cortify that all statements made in t	and phone:				
Certification by Applicant best of my knowled or commission of m Court of California, position, I will be re		knowledge. I agree and understand that my misstatements ion of material fact, may result in termination of my potenti lifornia, County of Sierra. I also understand that if I do not hwill be removed from the position when this fact is determine	ore signing: I certify that all statements made in this application are true and accurate to the je. I agree and understand that my misstatements made in this application and my attachments, aterial fact, may result in termination of my potential or actual employment with the Superior County of Sierra. I also understand that if I do not have the minimum qualifications for this moved from the position when this fact is determined. Unless otherwise noted, I authorize the tatements given in this application, including contacting employers.				

Date:____

Signature:

Title of Position applied for:
All applicants are asked to voluntarily provide the following information. This section will be detached from your application prior to review and will be kept separately. All information provided is strictly confidential.
☐ Male ☐ Female
Chose the ethnic group with which you most closely identify:
 □ White □ Black or African American □ Asian □ Hispanic or Latino □ Native Hawaiian or other Pacific Islander □ American Indian or Alaska Native □ Two or more races (not Hispanic or Latino) □ Decline to state
How did you FIRST learn about this job (Please check one below)?
☐ Internet website (please identify specific site): ☐ Newspaper/publication (please specify): ☐ Employee referral (please specify): ☐ Community organization (please specify): ☐ School (please specify): ☐ Direct mail ☐ Other source (please specify):