

SUPERIOR COURT OF CALIFORNIA COUNTY OF SIERRA EMPLOYMENT APPLICATION

Human Resources Division
100 Courthouse Square/PO Box 476
Downieville, CA 95936
(530)289-3698
E-mail: spedotti@sierracourt.org

HUM	IAN RESOURCES USE ONLY
	Qualified Best Qualified
	Not Qualified
	Experience
	Education
	License/Certificates
	Not Eligible
	Received Late
	No Required Forms
	_
Revie	wed by:
Date:	

application.Type or print in ink.	vide in this application will			ations. An incomplete application
Last Name		First Name		Middle Name
Previous Names: List any previ	ous names under which yo	ou have worked, gone to sch	ool or served in the A	Armed Services
Address	(City	State	Zip Code
Home Phone ()		Work ()		
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Do not include juvenile shall be fingerprinted at disqualify you, each case ARE YOU CURRENTI If YES, to either of the above DATE LOCA 2. HAVE YOU EVER BEIS separate piece of paper 3. ARE YOU NOW OR H	offenses if record has been a record check will be is considered on its mere. Y ON BAIL OR YOUR e, give date, location, natural to the second of the second	en subsequently sealed by o conducted to verify your acits. OWN RECOGNIZANCE ure of offense, and if conviction of the c	COURT OR COUNT () YE OURT OR COUNT () YE (? If YES, please in	be advised that Court employees on record will not automatically () YES () NO FOR A CRIMINAL OFFENSE: () YES () NO Use additional paper if necessary. ES, please attach explanation on a SS () NO TY OF SIERRA? SS () NO

Relationship:_____

_ Department:_

LICENSES, CERTIFICATES AND SPECIAL TRAINING (STATE, PROFESSIONAL, TRADE, ETC. WHICH ARE REQUIRED BY THIS POSITION OR WHICH MAY HELP YOU QUALIFY); INCLUDE DRIVER'S LICENSE: ______ Issued by:_____ Expiration Date:___ Description: __ Number:_ Issued by:___ Expiration Date:___ Description: Number:_ _____ Expiration Date:___ Description: _ _ Issued by:__ __ Number:__ 7. EDUCATION: High School Diploma:) YES () NO () G.E.D. CERTIFICATE NAME AND LOCATION OF COURSE OF STUDY DEGREES, COLLEGES OR SCHOOLS MAJOR CERTIFICATES, ATTENDED: UNITS, Please include dates of completion **EXPERIENCE** - Please account for all employment within the <u>last fifteen years</u>, beginning with your current or most recent position. IF NECESSARY, PLEASE USE ADDITIONAL WORK EXPERIENCE ADDENDUM FORM. In addition, please indicate any other experience that you think is relevant to the position for which you are applying (e.g., volunteer experience). RESUMES ARE WELCOME, BUT ARE NOT ACCEPTABLE AS A REPLACEMENT FOR THIS APPLICATION. Complete all requested information fully. Name of Employer: Employer Address: Dates Employed Position Title: From: To: Hours Monthly Description of Duties: per week: salary: Reason for Leaving: Number of persons you supervised: Name of Supervisor: May we contact this employer?) YES () NO Name of Employer: Employer Address: Dates Employed Position Title: From: Hours Monthly Description of Duties: per week: salary: Reason for Leaving: Number of persons you supervised: Name of Supervisor: May we contact this employer?) YES In accordance with the Immigration and Control Act of 1986, employment of persons hired by the Superior Court will be contingent upon presentation by the employee of acceptable documents verifying identity and authorization for employment in the United States. I understand the Court will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer, if so noted, to provide any information requested about

me, and I release them from all liability for damage in providing this information. My signature affirms that all information on this application and attachments is true, complete and correct to the best of my knowledge. I understand that falsification of information may lead to the removal of my name

SIGNATURE DATE

from the eligibility list or termination from employment.

WORK EXPERIENCE ADDENDUM

Name of Employer:	Employer Address:		
Dates Employed From: To:	Position Title:		
Hours Monthly	Description of Duties:		
per week: salary:			
Reason for Leaving:			
Number of persons you supervised:			
Name of Supervisor:			
Phone: ()			
May we contact this employer? () YES () NO			
Name of Employer:	Employer Address:		
Dates Employed From: To:	Position Title:		
Hours Monthly per week: salary:	Description of Duties:		
Reason for Leaving:			
Number of persons you supervised:			
Name of Supervisor:			
Phone: ()			
May we contact this employer? () YES () NO			
Name of Employer:	Employer Address:		
Dates Employed From: To:	Position Title:		
Hours Monthly per week: salary:	Description of Duties:		
Reason for Leaving:			
Number of persons you supervised:			
Name of Supervisor:			
Name of Supervisor: Phone: ()			
Phone: () May we contact this employer?	Employer Address:		
Phone: () May we contact this employer? () YES () NO	Employer Address: Position Title:		
Phone: () May we contact this employer? () YES () NO Name of Employer: Dates Employed From: To: Hours Monthly			
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Phone: () May we contact this employer? () YES () NO Name of Employer: Dates Employed From: To: Hours Monthly per week: salary: Reason for Leaving:	Position Title:		
Phone: () May we contact this employer? () YES () NO Name of Employer: Dates Employed From: To: Hours Monthly per week: salary: Reason for Leaving: Number of persons you supervised:	Position Title:		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

Your voluntary answers to this section will provide statistics needed for the Sierra County Superior Court to evaluate its recruitment program as well as prepare statistical reports required by Federal and State agencies. This form will be detached from the employment application. The information contained on this form will be confidential and will NOT be used to make a decision about your employment.

PC	SI	TION APPLIED FOR:				
()	FEMALE () MALE				
ЕТ	'HI	NIC GROUP - PLEASE CHECK ONE WHICH BEST IDENTIFIES YOU:				
()	WHITE (not of Hispanic origin): All persons not classified into one of five specific ethnic categories that follow.				
()	ASIAN or PACIFIC ISLANDER (other than Filipinos): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.				
() BLACK (not of Hispanic origin): All persons having origin in any of the black racial groups.					
() FILIPINO: All persons having origins in the peoples of the Philippine Islands.					
()	HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.				
()	AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America.				
Н)W	DID YOU FIND OUT ABOUT THIS JOB? (CHECK ONE OR MORE)				
()	WEBSITE				
()	NEWSPAPER				
()	COURT OR COUNTY EMPLOYEE () FRIEND OR RELATIVE				
()	POSTING AT COURTHOUSE				
()	OTHER:				