## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SISKIYOU

EMPLOYMENT APPLICATION

Return To: Superior Court of CA 311 Fourth St., Rm 206 Yreka, CA 96097 Phone: (530) 842-0199

## **EQUAL OPPORTUNITY EMPLOYER**

Postmarks or Facsimiles NOT Accepted

		Please type or prin	t neatly in ink				
Position	applied for:		-				
Last Name		First Name	Initial	Initial		Home or Message Phone #	
Mailing Address (Street or P.O. Box)		City State		Zip	Busine	Business Phone #	
List other names under which you have be		peen employed			Social Security # (Optional)		
Are you of age or		eligible to work in the U	J.S. Federal law required	es you to provide legal mitting you to work at tim	e of hire.		
			1	5,7	Yes	No	
Α.	Are you presently working for the If yes, Extra Help Regr. Note position and department in so	ılar 🗌 — Empl	oyment Agency 🗌				
B.	Have you worked for the Superior If yes, note position(s), department		date(s) in section H.				
C.	Have you any relatives employed	by the Superior Cou	rt?				
	If yes, list names, relationship, and	d department in secti	on H.				
D.	Have you applied for or are you re Public Employees Retirement Syst		enefits from the				
E.	Were you ever discharged or force	ed to resign from a p	osition? If yes explain	in section H.			
F.	Have you ever been convicted of a (1) Minor traffic violations and (2 in the section H.						
G.	Do you object to the Court making	g inquiry of your pre	sent employer?				
	erior Court requires you to be finger						
H. Use	this space to explain any yes answer	s listed above, or for	any other supplementa	ry information. Attach add	litional shee	ts if necessary.	
	ttes of professional or vocational corfor. Attach addition sheets if necess		pertaining to position	Bilin Language	gual Skills		
Тур		Date Issued	Date Expires	0 0	Speak [	☐ Write ☐	
Driver's	- JPB	Speed net wpm	Office machines ar	nd skills			
State Class	License # Expiration Date Softwa	are	10 Key Speed	net strokes/pm			
Indicate PERMA Full time Part time	the type of work you would be willi  ANENT EXTRA HELP  Full time	ng to accept.  SHIFTS  Days  Weekend	Evenings  Rotating  NUE TO	Other:  PERSONNEL DEPAR' Application Review: Application Date Date Stamp - Application	proved		

BE CONSIDERED FOR REGULAR PLACEMENT

Do you have a h	igh school diploma	or G.E.D. Certificate? Yes	No 🗌	C	Overten Deserve
Name & location	n of college or univ	ersity attended	Major Course-work	Units	er Quarter Degree Units Awarded
Rusiness Corre	snondence Annrent	ticeship, Vocational,	Courses Studied	Durat	ion & Date Completed
	e School, or Other T		Courses Studied	Durat	ton & Date Completed
unpaid volunteer	r work. THIS SEC	CTION MUST BE COMPLETE	nt during the last 10 years, including U.S. NED EVEN IF YOU ARE SUBMITTING	A RESUME. I	t is not acceptable to just make
From	To To Tresume or other at	Job Titles and Duties:	eets may be attached if needed. Incomplet		Employer:
Mo/Yr	Mo/Yr				Address:
Hours per week					Supervisor: Phone:
•				_	Reason for leaving:
Yes No	, may we contact?	Number of people supervised:			
From	То	Job Titles and Duties		I	Employer:
Mo/Yr	Mo/Yr			A	Address:
Hours per week				I	Supervisor: Phone:
	, may we contact?			I	Reason for leaving:
Yes No No From	То	Number of people supervised:  Job Titles and Duties:		I	Employer:
Mo/Yr	Mo/Yr				Address:
Hours per week					Supervisor: Phone:
-					Reason for leaving:
If still employed, may we contact? Yes \( \subseteq \text{No } \subseteq \)		Number of people supervised:			
From	То	Job Titles and Duties:		I	Employer:
Mo/Yr	Mo/Yr			A	Address:
Hours per week					Supervisor: Phone:
If still employed, may we contact?					Reason for leaving:
Yes No No	may we contact?	Number of people supervised:			
From	То	Job Titles and Duties:		I	Employer:
Mo/Yr	Mo/Yr			A	Address:
Hours per week					Supervisor: Phone:
-					Reason for leaving:
If still employed, may we contact? Yes ☐ No ☐		Number of people supervised:			

## CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must personally sign. I hereby certify that all statement made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part to any employment or payment as an employee in the service of the Superior Court of California, County of Siskiyou. I further agree to be fingerprinted, upon employment and to furnish such proof of age as may be required. I hereby authorize representatives of the Superior Court of California, County of Siskiyou to contact (except as noted in G.) organizations, employers, schools and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for Superior Court employment. I understand and acknowledge that such information will be used confidentially and for purpose of employment decisions only. I authorize the individuals or organizations contacted to release the above information to the Superior Court of California, County of Siskiyou.

Print Name:	Social Security #(Optional):
Signature:	Date: