

**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF SISKIYOU
EMPLOYMENT APPLICATION**

Return To:
Superior Court of CA
411 Fourth St.
Yreka, CA 96097
Phone: (530) 842-0411

**EQUAL OPPORTUNITY EMPLOYER
Postmarks or Facsimiles NOT Accepted**

Please type or print neatly in ink

Position applied for:

Last Name	First Name	Initial	Home or Message Phone #
-----------	------------	---------	-------------------------

Mailing Address (Street or P.O. Box)	City	State	Zip	Business Phone #
--------------------------------------	------	-------	-----	------------------

List other names under which you have been employed	Social Security # (Optional)
---	---------------------------------

Are you 18 yrs. of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you eligible to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Federal law requires you to provide legal documentation permitting you to work at time of hire.
----------------------------------	------------------------------	-----------------------------	---------------------------------------	------------------------------	-----------------------------	---

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Are you presently working for the Superior Court?
If yes, Extra Help <input type="checkbox"/> Regular <input type="checkbox"/> Employment Agency <input type="checkbox"/>
Note position and department in section H. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you worked for the Superior Court in the past?
If yes, note position(s), department(s), and separation date(s) in section H. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you any relatives employed by the Superior Court?

If yes, list names, relationship, and department in section H. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you applied for or are you receiving retirement benefits from the Public Employees Retirement System (PERS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Were you ever discharged or forced to resign from a position? If yes explain in section H. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever been convicted of an offense against the law or forfeited collateral? You may omit (1) Minor traffic violations and (2) any offense committed before your 18th birthday. If yes explain in the section H. | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Do you object to the Court making inquiry of your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |

The Superior Court requires you to be fingerprinted and your criminal and traffic records will be searched. Some applicants may be subject to drug testing.

H. Use this space to explain any yes answers listed above, or for any other supplementary information. Attach additional sheets if necessary.

Certificates of professional or vocational competence, or licenses pertaining to position applied for. Attach addition sheets if necessary.				Bilingual Skills		
Type	State of Issue	Date Issued	Date Expires	Language		
				Read <input type="checkbox"/>	Speak <input type="checkbox"/>	Write <input type="checkbox"/>

Driver's License		Office machines and skills		
State	License #	Typing Speed net wpm	10 Key Speed	net strokes/pm
Class	Expiration Date	Software		

Indicate the type of work you would be willing to accept.

PERMANENT	EXTRA HELP	SHIFTS	
Full time <input type="checkbox"/>	Full time <input type="checkbox"/>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>
Part time <input type="checkbox"/>	Part time <input type="checkbox"/>	Weekend <input type="checkbox"/>	Rotating <input type="checkbox"/>

APPLICANTS INTERESTED IN EXTRA HELP WILL CONTINUE TO BE CONSIDERED FOR REGULAR PLACEMENT

PERSONNEL DEPARTMENT ONLY

Application Review: Approved _____ Not Approved _____

Date _____

Date Stamp - Application Received

Do you have a high school diploma or G.E.D. Certificate? Yes No

Name & location of college or university attended	Major Course-work	Semester	Quarter	Degree
		Units	Units	Awarded

Business, Correspondence, Apprenticeship, Vocational, Trade or Service School, or Other Training Program	Courses Studied	Duration & Date Completed

EXPERIENCE: Begin with your latest position and list all employment during the last 10 years, including U.S. Military Service, self-employment and appropriate unpaid volunteer work. **THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE SUBMITTING A RESUME.** It is not acceptable to just make reference to your resume or other attachments below. Additional sheets may be attached if needed. Incomplete applications will not be processed.

From Mo/Yr Hours per week If still employed, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	To Mo/Yr	Job Titles and Duties: Number of people supervised	Employer: Address: Supervisor: Phone: Reason for leaving:
From Mo/Yr Hours per week If still employed, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	To Mo/Yr	Job Titles and Duties: Number of people supervised	Employer: Address: Supervisor: Phone: Reason for leaving:
From Mo/Yr Hours per week If still employed, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	To Mo/Yr	Job Titles and Duties: Number of people supervised	Employer: Address: Supervisor: Phone: Reason for leaving:
From Mo/Yr Hours per week If still employed, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	To Mo/Yr	Job Titles and Duties: Number of people supervised	Employer: Address: Supervisor: Phone: Reason for leaving:
From Mo/Yr Hours per week If still employed, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	To Mo/Yr	Job Titles and Duties: Number of people supervised	Employer: Address: Supervisor: Phone: Reason for leaving:

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: _____
