SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT
EMPLOYMENT APPLICATION

Human Resources Division
825 5TH St., Room 301
Eureka, CA 95501
(707) 269-1202
E-mail: HR@humboldtcourt.ca.gov

HUMAN RESOURCES USE ONLY

____Qualified ____ Best Qualified
____ Not Qualified
____ Experience
____ Education
____ License/Certificates
____ _____
____ Not Eligible
____ Received Late
____ No Required Forms

Reviewed by: _____
Date: _____

JOB TITLE: _____

- Applicants are required to complete a Humboldt Superior Court Application. A resume will NOT be accepted in place of a completed application.
- Type or print in ink.
- The information you provide in this application will be used to verify and evaluate your job qualifications. An incomplete application or inaccurate information may disqualify you.

_____
Last Name First Name Middle Name

_____
Previous Names: List any previous names under which you have worked, gone to school or served in the Armed Services

_____
Address City State Zip Code

Home Phone ( ) _____ Work ( ) _____ Cell ( ) _____

E-mail address: _____

1. **HAVE YOU AS AN ADULT EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME? Do not include juvenile offenses if record has been subsequently sealed by court order. Please be advised that Court employees shall be fingerprinted and a record check will be conducted to verify your answer. A conviction record will not automatically disqualify you, each case is considered on its merits.** **( ) YES ( ) NO**

   ARE YOU CURRENTLY ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRIAL FOR A CRIMINAL OFFENSE? **( ) YES ( ) NO**

If YES, to either of the above, give date, location, nature of offense, and if convicted the sentence. Use additional paper if necessary.

DATE	LOCATION	NATURE OF OFFENSE	SENTENCE

2. **HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? If YES, please attach explanation on a separate piece of paper and include employers' names and dates of employment.** **( ) YES ( ) NO**

3. **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE COURT OR COUNTY OF HUMBOLDT?** **( ) YES ( ) NO**

4. **ARE YOU FLUENT IN ANY LANGUAGE IN ADDITION TO ENGLISH? If YES, please indicate your skills.** **( ) YES ( ) NO**

Language _____ **( ) Speak ( ) Write ( ) Read ( ) Understand**

5. **DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COURT? There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband or Child. Each case is considered separately for potential conflict of interest.** **( ) YES ( ) NO**

Name:_____ **Relationship:**_____ **Department:**_____

6. **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:**

Description: _____ **Issued by:** _____ **Expiration Date:**_____ **Number:**_____

Description: _____ **Issued by:** _____ **Expiration Date:**_____ **Number:**_____

Description: _____ **Issued by:** _____ **Expiration Date:**_____ **Number:**_____

7. **EDUCATION: High School Diploma: ( ) YES ( ) NO ( ) G.E.D. CERTIFICATE**

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED:	COURSE OF STUDIES MAJOR	DEGREES, CERTIFICATES, OR UNITS, **Please include dates of completion**

EXPERIENCE - Please account for all employment within the **last fifteen years**, 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 From: To:	Position Title:
Hours Per Week: Monthly 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 Per Week: Monthly Salary:	Description of Duties:
Reason for Leaving:	
Number of persons you supervised:	
Name of Supervisor:	
Phone: ( )	
May we contact this employer? ( ) YES ( ) NO	

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 from the eligibility list or termination from employment.

SIGNATURE_____ **DATE**_____

WORK EXPERIENCE ADDENDUM

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT

EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

Your voluntary answers to this section will provide statistics needed for the Humboldt 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.

POSITION APPLIED FOR: _

( ) FEMALE ( ) MALE

ETHNIC GROUP – PLEASE CHECK ONE WHICH BEST IDENTIFIES YOU:

( ) WHITE: All persons not classified into one of six specific ethnic categories that follow.

( ) ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Philippine Islands.

( ) NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in Hawaii, the Pacific Islands including Samoa.

( ) BLACK: All persons having origins in any of the Black racial groups of Africa.

( ) 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, and who maintain cultural identification through tribal affiliation or community recognition.

( ) TWO OR MORE RACES: All persons having origins from two or more of the above races.

HOW DID YOU FIND OUT ABOUT THIS JOB? (CHECK ONE OR MORE)

( ) EUREKA TIMES STANDARD/TRI-CITY

( ) EDD

( ) WEBSITE _____

( ) NEWSPAPER OTHER THAN THE TWO LISTED ABOVE:_____

( ) COURT OR COUNTY EMPLOYEE ( ) FRIEND OR RELATIVE

( ) POSTING AT COURTHOUSE

( ) OTHER:_____