### SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ



#### **EMPLOYMENT APPLICATION**

#### PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

- 1. Answer all questions. Print in ink or type. Incomplete applications may be disqualified.
- 2. A separate application must be submitted for each job classification and recruitment.
- 3. Please attach your resume to this application.
- 4. Falsification or deceptive omission of requested information may cause application rejection.
- 5. For job information please call Human Resources at (831) 420-2275.

Return Completed Application To: Superior Court of California, County of Santa Cruz

**Human Resources** 

701 Ocean St., Room 110 Santa Cruz, CA 95060 hrinfo@santacruzcourt.org



## **Superior Court of California County of Santa Cruz Employment Application**

Answer all questions. Print in ink or type. Incomplete applications may be disqualified.

Position	Last Four of Social Security Number							
Last Name	First Name N				MI	MI		
Address	(Street address)	t address) (City) (State)			(Zip Code)			
Home Number		Cell Number						
Email		Driver's Licer (Number, State, Exp				_		
Are you currently	employed by the Superior	r Court as a permane	nt or probationary	employee?		Yes		No
Cruz?	friends, relatives, or acqua	C	•			Yes		No
Have you ever been been been been been been been be	en fired or forced to resign	n from previous emp	loyment?			Yes nd date	□ s.	No
• If hired, would you have transportation to/from work?  ☐ Yes ☐ No								
with/without reason	erform the essential functionable accommodation?  I functions that cannot be justiced.	-	ich you are applyir	ng either		Yes		No
<ul> <li>Are you fluent in indicated.</li> <li>Language(s):</li> </ul>	any language in addition t	o English? If yes, pl	ease indicate your s	skills. You ma	ay be	tested	on the	ose
☐ Understand	□ Speak □	Write	Read					
LICENSE AND CEI	RTIFICATE (Check job l	oulletin for position 1	requirements)					
Title Number Issued by			Exp. Date					

#### **EDUCATION**

High School Attended	City	State			
☐ High School Diploma ☐ G.E.I	D. Certificate   High School Proficiency				
Highest Grade Completed					
College/University/Business School Attended (Name)	Titles of Courses/Major	Degree/Date			
EMPLOYMENT HISTORY  1. List your most recent employment fi	iret				
<ol> <li>List all experience, paid or voluntary</li> <li>Use different blocks for different po</li> <li>Additional sheets may be attached as</li> </ol>	y, related to the position. sitions with the same employer.	PLICATION			
May we contact your present employer?	□ Yes □ No				
<b>Dates Employed</b>	Name of Employer:				
Start:	Address:				
End:	Job Title:				
Total Months:					
Hours Per Week:					
Reason for leaving:					
Supervisor Name:					
Title & Contact Info:					
Dates Employed	Name of Employer:				
Start:	Address:				
	Job Title:				
End: Total Months:	Duties:				
Hours Per Week:					
Reason for leaving:					
Supervisor Name:					
Title & Contact Info:					
The Condition					

Dates Employed	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Week:	
Reason for leaving:	
Supervisor Name:	
Title & Contact Info:	
<b>Dates Employed</b>	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Week:	
Reason for leaving:	
Supervisor Name:	
Title & Contact Info:	
<u>Dates Employed</u>	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Week:	
Reason for leaving:	
Supervisor Name:	
Title & Contact Info:	

#### APPLICANT STATEMENT AND AGREEMENT

I hereby state that all the information that I have provided on this application, my resume, and in my responses to the supplemental questionnaire, is true, complete, and correct. I have withheld nothing that would, if disclosed, affect this application packet unfavorably. I understand that if any information provided by me is later found to be false or incomplete in any respect, I may be disqualified or dismissed.

I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard.

I understand I will be subject to a background and reference check, including fingerprinting for criminal convictions through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). I specifically authorize the Superior Court to use my Driver's License information (if required as part of this application) to conduct a driving record check with the Department of Motor Vehicles. I further give the Superior Court the right to secure additional information from any source as necessary.

I further understand that Superior Court of California, County of Santa Cruz may contact my previous employers, schools, etc. and I authorize those agencies to disclose to Superior Court of California, County of Santa Cruz all records and information pertinent to the information I have disclosed with in this application.

Superior Court of California, County of Santa Cruz, is an Equal Opportunity Employer.

If you have any questions regarding this Statement and Agreement, please ask the Human Resources Department before signing.

I hereby acknowledge that I have read the above Statement and Agreement and understand the same.

# Signature Printed Name Date

#### **VOLUNTARY APPLICANT QUESTIONNAIRE**

Your voluntary answers to this section will provide statistics needed to evaluate our recruitment program as well as prepare statistical reports required by Federal, State, and County agencies. Data collected is confidential and will be used for recruitment statistics only. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction.

Position	Applied For	r:			_	
A.	Gender: [	☐ Male		Female		Non-Binary
B.	Date of Bir	th:			-	
C.	Ethnic Orig	gin:				
	[	☐ White (r	White (non-Hispanic or Latino)			
	-	`	Black (non-Hispanic or Latino)			
		*				
		-				
		•	American Indian or Alaskan Native (non-Hispanic or Latino)			
			Native Hawaiian or Pacific Islander (non-Hispanic or Latino)			
		☐ Other			101011	(
		☐ I do not	wish to	disclose		
			**1511 00	aistiose		
D.	Do you hav	e a disability	?	☐ Yes		l No
	]	☐ Hearing				
	[	☐ Speech				
	[	☐ Vision I	mpairm	ent		
	[	☐ Mobility	7			
	[	☐ Mental				
	[	☐ Learning	<u>,                                     </u>			
	[	☐ Other				