APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applications must be typed or printed legibly in ink. Incomplete or illegible applications will not be considered. All documents submitted become the property of Mariposa Superior Court and will not be returned. Make copies of any information you submit and wish to keep. Applications received after the announced final filing date will be rejected.

I am proficient in the use of the following office equipment:

certify that I can type at a speed of ____wpm. I certify that I can take shorthand or fast notes at a rate of ___

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF MARIPOSA



MAIL OR DELIVER COMPLETED APPLICATION TO:

Judicial Council of California Human Resources ATTN:: Marichelle Alonzo 455 Golden Gate Avenue San Francisco CA 94102-3688 Ph (415) 865-4572 Marichelle.Alonzo@jud.ca.gov

POSTMARKS ARE NOT ACCEPTED

| | | | | | immu | | | | | |
|---|--|--|---------------------|-------------------|--------------------------|------------|--------------------------------|--------------|-----------------------------------|-----------------|
| E | • | Give exact title as listed PPORT(AB1058) / FAN | • | • | 2. Social Sec | curity Num | ber: | | | |
| 3. | Name: | | | | | | | | | |
| | (Last) | | | (First) | | (Middle) | | ddle) | | |
| 4. | Mailing Address: (Street Address or P.O. Box) (City) | | (City) | (State) | | (Zip Code) | | | | |
| 5. | Telephone Numbers (Include Area | | (i | Home) | | (Bu | ısiness/Message) | | (Other) | - |
| 6. 7. | | employment to accept: | • | ☐ Even | | | lp (no benefits) □ Weekends | □ Rot | tating | |
| 8. 9. | | alid California driver's licen e you ever been employed | | ☐ No ty Superi | License #:_ or Court? | | □ No If yes, | | Class: A B C parate sheet indi | cating dates |
| 10. | of employment, classification, departments, and any former name(s) under which you have worked. 10. Do you have any relatives working for Mariposa County Superior Court? | | | | | | nip(s): | | | |
| 11. | Were you ever discharged, rejected during probation, or have you resigned under threat of discharge or unfavorable circumstances from any employment? Yes No If yes, please give details: | | | | | | nployment? | | | |
| 12. As an adult, have you ever been convicted of a felony? \(\sqrt{Yes} \) No If yes, please indicate nature of offense, when, where and disposition of case: | | | | | | | | | | |
| sta sub 13. I Nam | ted in the job bulletin. You ostantiate education. EDUCATION AND TRAININ ie and Address of High Sch | | sume in lieu of com | | | • | | red to furni | • | liploma to |
| | ge or University/Location Ide Graduate Study) | | Major Subject | | Minor Subject | | Units Complete Semester Q | ed uarter | Degree(s) Rece | ived |
| | | | | | | | | | | |
| LICENSES AND CERTIFICATES (State, Professional, Nursing, Trade, etc., that are required for this position) | | | | | | | | | | |
| Descr | ription – License/Certificate | e Number | | Issued | Ву | | | | | Expiration Date |
| | | | | | | | | | | |
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| If applicable to the position applied for, complete the following: I have word processing and/or computer experience with the following software programs: | | | | | | | | | | |

15. **EMPLOYMENT HISTORY** (Resumes will **NOT** be accepted in place of this completed application)

List your most recent experience first.
List all experience, paid or volunteer, related to position applied for Use separate blocks for different positions with the same employer.

Explain any gaps between employment periods.

Additional sheets may be attached when necessary, but you must provide information in identical format.

| | _ | | | | | |
|---|---|--|---|--|--|--|
| Period of Employment From: To: Total YrsMos. | Job Title and Most Importantitle: No. Duties: | t Duties Performed Supervised: | Name and Address of Employer: Immediate Supervisor: Telephone: | | | |
| ☐ Full Time ☐ Part Time Hours Per Week: | | | Reason for Leaving: | | | |
| Final Salary: | | | | | | |
| Period of Employment | | t Duties Performed Supervised: | Name and Address of Employer: | | | |
| From: To: Total YrsMos. Full Time | Duties: | | Immediate Supervisor: Telephone: Reason for Leaving: | | | |
| Final Salary: | | | | | | |
| Period of Employment | | t Duties Performed Supervised: | Name and Address of Employer: | | | |
| From: | Duties: | | Immediate Supervisor: | | | |
| To: Total Yrs. Mos. | | | Telephone: | | | |
| ☐ Full Time ☐ Part Time | | | Reason for Leaving: | | | |
| Hours Per Week: | | | | | | |
| Final Salary: | | | | | | |
| Period of Employment | | t Duties Performed Supervised: | Name and Address of Employer: | | | |
| From: | Duties: | | Immediate Supervisor: | | | |
| To: Total YrsMos. | | | Telephone: | | | |
| ☐ Full Time ☐ Part Time | | | Reason for Leaving: | | | |
| Hours Per Week: | | | | | | |
| Final Salary: | | | | | | |
| 16. May we contact the about17. List three personal refer | | ate the one(s) you do not wish us to contact: | | | | |
| Name/Occupation | | City/State | Telephone Number | | | |
| | | | | | | |
| | | | | | | |
| | s. If you require testing accommodations, ts to testing facilities will be made to acco | please contact the Superior Court Administration Of mmodate you. | fice at the time you submit this | | | |
| 18. PRIVACY STATEMENT AND CER | RTIFICATE OF APPLICANT (Please read care | efully before signing.) | | | | |
| I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the examination process or may result in my termination from employment. I understand that my employment is contingent upon verification of my U.S. citizenship or legal right to remain permanently in the United States. I further understand that my employment may be contingent on passing a physical examination and providing proof of legal minimum age that may be required by certain positions. | | | | | | |
| Signature: | | Date: | | | | |
| | | | | | | |

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY

All spaces must be completed – **please print or type**.

| I,, do hereby a to, a duly authorized agent of the State of Californ nature. | uthorize a review of and full discl nia, County of Mariposa, Superior | osure of all records or any part thereof, concerning myself, by and Court, whether said records are of a public, private or confidential | | | |
|---|--|---|--|--|--|
| The intent of this authorization is to give my consinstitutions, including records or deposits, withdithis authorization is to give my consent for full arcredit reports and/or), medical and psychiatric to Administration, public utilities, employment and property tax statements and records wherever fictomplaint of a civil nature made by or against mecounsel, whether representing me or another perfect is the intent of this authorization to provide ful background investigation, which may provide permy suitability for employment by that department may appear to be, and the sources of information mentioned herein. If understand that any information obtained by the part, upon this release authorization will be constant authorization will not, of itself; constitute a basis A photocopy of this release will be valid as an orice retify, under penalty of law that the information | rawals and balances of checking and complete disclosure of the recovereatment and/or consultation, incorpre-employment records, including the conviction records for violative, whosesoever located, and to incorpose in any case, in which I present and free access to background a retinent data for the State of Californt. It is my specific intent to provious specifically enumerated about the personal history background in idered in determining my suitability for rejection of my application. It is an application of my application. It is my specific intent to provide in this statement is the provided in this statement is the | nd history of my personal life, for the specific purpose of pursuing rnia, County of Mariposa, Superior Court, to consider in determining the access to personal information, however personal or confidential are not intended to deny access to any records not specifically vestigation, which is developed directly or indirectly, in whole or in lity for employment. I fully understand that refusal to grant this a photocopy does not contain an original writing of my signature. I truth to the best of my knowledge. | | | |
| This release will expire two (2) years after date o | of execution and, prior to that time | e may be deemed irrevocable. | | | |
| Signature | Date of Birth | Social Security # (Optional) | | | |
| Address | City | Sate/ Zip | | | |
| | | | | | |
| | Personal Information | n | | | |
| | | | | | |
| Last Name First Name Middle Name | Date of Birth | Telephone Number | | | |
| Share Aliases, Other names known by, Ma | iden name | Motor Vehicle Driver's License Number | | | |
| Residence Street Address (no P.O. Boxes): | City or Town: State: Zip Cod | e: | | | |
| STATE OF | ss | | | | |
| COUNTY OF | , TO | WN | | | |
| Personally appeared information and made oath to the truth of the | | signer of the foregoing written authorization for release of personal in, before me. | | | |
| | SIGNAT | URE OF NOTARY PUBLIC | | | |
| | | MY COMMISION EXPIRES: | | | |
| | | | | | |

MARIPOSA COURT EEO/AA QUESTIONNAIRE

The information on this questionnaire is voluntary but requested in accordance with Federal, State and County requirements. It is handled separately on a confidential basis for statistical purposes and not retained with your application. It will not be used to discriminate against or give preference to any individual in any personnel transaction.

| ETHNI | C CATEGORY | SEX:: | Male | Female |
|------------------------|--|------------|---------------|------------------------------------|
| 1. | White (Includes Indo-European, Pakistani, East Indian) | | | |
| 2. | Black (Includes African, Jamaican, Trinidadian, and West Indian) | AGE GR | OUP: | Under 18 |
| 3. | Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American | | | Under 21 |
| | or Spanish) | | | 21 to 39 |
| 4. | Asian/Pacific Islander (Includes Japanese, Chinese or Korean) | | | 40 to 65 |
| 5. | American Indian (Includes persons who identify themselves or | | | 66 or older |
| | are known as such by virtue of tribal association) | | | |
| 6. | Other: | | | |
| If yes, w | rhat accommodation would you need? | | | |
| PLEASE | INDICATE BELOW HOW YOU BECAME AWARE OF THIS JOB OPPORTUNITY | | | |
| Newspaper Ad (specify: | | Other Cou | ee | |
| Jobs A | Available | Friend/Re | lative | |
| Other | Publication (specify) | County In | terest Syste | em (received notification by mail) |
| | in Board (where?) | Internet (| specify which | ch web site) |
| | | | | |