

**APPLICATION FOR EMPLOYMENT**

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](mailto:Marichelle.Alonzo@jud.ca.gov)



POSTMARKS ARE NOT ACCEPTED

**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.

1. **POSITION APPLIED FOR** (Give exact title as listed on the job bulletin)  
**EXTRA HELP CHILD SUPPORT(AB1058) / FAMILY LAW COURT COMMISSIONER**

2. Social Security Number: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(Last) (First) (Middle)

4. Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code)

5. Telephone Numbers: \_\_\_\_\_  
(Include Area Code) (Home) (Business/Message) (Other)

6. Indicate all types of employment that you are willing to accept:  Full-Time  Permanent Part-Time  Extra Help (no benefits)
7. Indicate the shift assignments you will accept:  Days  Evenings  Nights  Weekends  Rotating
8. Do you possess a valid California driver's license?  Yes  No License #: \_\_\_\_\_ Circle Class: A B C
9. Are you now or have you ever been employed by Mariposa County Superior Court?  Yes  No If yes, attach a separate sheet indicating dates 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?  Yes  No If yes, please list their name(s) and relationship(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: \_\_\_\_\_
12. As an adult, have you ever been convicted of a felony?  Yes  No If yes, please indicate nature of offense, when, where and disposition of case: \_\_\_\_\_

This application is part of the examination process and the following sections must demonstrate that you meet the minimum qualifications for the position as stated in the job bulletin. You may NOT substitute a resume in lieu of completion of this application. Applicants may be required to furnish transcript or diploma to substantiate education.

**13. EDUCATION AND TRAINING**

Name and Address of High School: \_\_\_\_\_ Did you graduate?  Yes  No

If not, do you have a G.E.D. equivalent:  Yes  No Issued by: \_\_\_\_\_

College or University/Location (Include Graduate Study)	Major Subject	Minor Subject	Units Completed		Degree(s) Received
			Semester	Quarter	

**LICENSES AND CERTIFICATES** (State, Professional, Nursing, Trade, etc., that are required for this position)

Description – License/Certificate Number	Issued By	Expiration Date

If applicable to the position applied for, complete the following: I have word processing and/or computer experience with the following software programs:

\_\_\_\_\_

I am proficient in the use of the following office equipment: \_\_\_\_\_  
I certify that I can type at a speed of \_\_\_\_\_ wpm. I certify that I can take shorthand or fast notes at a rate of \_\_\_\_\_ wpm.

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.

<b>Period of Employment</b>  <b>From:</b> <b>To:</b> <b>Total</b> ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Hours Per Week:</b>  <b>Final Salary:</b>	<b>Job Title and Most Important Duties Performed</b> <b>Title:</b> _____ <b>No. Supervised:</b> _____ <b>Duties:</b> _____	<b>Name and Address of Employer:</b>  <b>Immediate Supervisor:</b> <b>Telephone:</b> <b>Reason for Leaving:</b>
<b>Period of Employment</b>  <b>From:</b> <b>To:</b> <b>Total</b> ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Hours Per Week:</b>  <b>Final Salary:</b>	<b>Job Title and Most Important Duties Performed</b> <b>Title:</b> _____ <b>No. Supervised:</b> _____ <b>Duties:</b> _____	<b>Name and Address of Employer:</b>  <b>Immediate Supervisor:</b> <b>Telephone:</b> <b>Reason for Leaving:</b>
<b>Period of Employment</b>  <b>From:</b> <b>To:</b> <b>Total</b> ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Hours Per Week:</b>  <b>Final Salary:</b>	<b>Job Title and Most Important Duties Performed</b> <b>Title:</b> _____ <b>No. Supervised:</b> _____ <b>Duties:</b> _____	<b>Name and Address of Employer:</b>  <b>Immediate Supervisor:</b> <b>Telephone:</b> <b>Reason for Leaving:</b>
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16. May we contact the above employers:  Yes  No If no, indicate the one(s) you do not wish us to contact: \_\_\_\_\_

17. List three **personal** references:

Name/Occupation	City/State	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note for applicants with disabilities.** If you require testing accommodations, please contact the Superior Court Administration Office at the time you submit this application. Reasonable adjustments to testing facilities will be made to accommodate you.

18. **PRIVACY STATEMENT AND CERTIFICATE OF APPLICANT** (Please read carefully 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: \_\_\_\_\_



**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.

**ETHNIC CATEGORY**

- 1. White (Includes Indo-European, Pakistani, East Indian)
- 2. Black (Includes African, Jamaican, Trinidadian, and West Indian)
- 3. Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
- 4. Asian/Pacific Islander (Includes Japanese, Chinese or Korean)
- 5. American Indian (Includes persons who identify themselves or are known as such by virtue of tribal association)
- 6. Other: \_\_\_\_\_

**SEX::**      Male      Female

**AGE GROUP:**              Under 18  
   Under 21  
   21 to 39  
   40 to 65  
   66 or older

**DO YOU HAVE A DISABILITY THAT WOULD REQUIRE REASONABLE ACCOMMODATION?**

Yes      No

If yes, what accommodation would you need?

\_\_\_\_\_

**PLEASE INDICATE BELOW HOW YOU BECAME AWARE OF THIS JOB OPPORTUNITY**

Newspaper Ad (specify: \_\_\_\_\_)  
Jobs Available  
Other Publication (specify) \_\_\_\_\_  
Bulletin Board (where?) \_\_\_\_\_

Other County Employee  
Friend/Relative  
County Interest System (received notification by mail)  
Internet (specify which web site) \_\_\_\_\_