

APPLICATION FOR EMPLOYMENT

**SUPERIOR COURT OF THE
STATE OF CALIFORNIA,
COUNTY OF MARIPOSA**

**MAIL OR DELIVER COMPLETED
APPLICATION TO:**

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.



**Judicial Council of California
Human Resources
ATTN: Taylor Wolgamott
2850 Gateway Oaks Drive
Sacramento, CA 95833
(916) 643-6910
taylor.wolgamott@jud.ca.gov**

POSTMARKS ARE NOT ACCEPTED

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.

Period of Employment From: To: Total ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: Final Salary:	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer: Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment From: To: Total ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: Final Salary:	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer: Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment From: To: Total ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: Final Salary:	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer: Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment From: To: Total ___ Yrs. ___ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: Final Salary:	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer: Immediate Supervisor: Telephone: Reason for Leaving:

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: _____

Release of Personal Information

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION &
STATEMENT OF PERSONAL HISTORY**

All spaces must be completed – please print or type.

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to, a duly authorized agent of the State of California, County of Mariposa, Superior Court, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records or deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of the intent of this authorization is to give my consent for full and complete disclosure of the records of educational, commercial or retail credit agencies (including credit reports and/or), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration, public utilities, employment and pre-employment records, including background reports, sufficiency ratings, real and personal property tax statements and records wherever filed, conviction records for violation of the law, including criminal and or traffic records, records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollection of attorney-at-law or of other counsel, whether representing me or another person in any case, in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the State of California, County of Mariposa, Superior Court, to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

This release will expire two (2) years after date of execution and, prior to that time may be deemed irrevocable.

Signature Date of Birth Social Security # (Optional)

Address City Sate/ Zip

Personal Information

Last Name First Name Middle Name Date of Birth Telephone Number

Share Aliases, Other names known by, Maiden name Motor Vehicle Driver's License Number

Residence Street Address (no P.O. Boxes): City or Town: State: Zip Code:

STATE OF _____ SS _____

COUNTY OF _____, TOWN _____

Personally appeared _____ signer of the foregoing written authorization for release of personal information and made oath to the truth of the matters contained therein, before me.

SIGNATURE 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.

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) _____