#### **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.

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



## MAIL OR DELIVER COMPLETED APPLICATION TO:

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

			2. Social	Security Num	nber:		
	Name:						
	(Last) Mailing Address:		(First)		(Middle		
	(Street Address or P.O Telephone Numbers: (Include Area Code)	. Box) (City)	(Home)	(State)	(Zip Cod usiness/Message)	e) (Othe	er)
	Indicate all types of employment that you are willing to accept: ☐ Full-T		manent Part-Time		elp (no benefits)		
	Indicate the shift assignments you will acc Do you possess a valid California driver's I Are you now or have you ever been emplo dates of employment, classification, depa Do you have any relatives working for Ma	icense?	□ No Licens ounty Superior Court? omer name(s) under w	se #: Yes hich you have v			sheet indicating
	Were you ever discharged, rejected durin employment?	g probation, or have		hreat of dischar	ge or unfavorable ci	rcumstances fro	
	As an adult, have you ever been convicted	d of a felony?   Yes	□ No If yes,	please indicate	nature of offense, v	when, where an	ıd
	disposition of case:					116 11 6 1	
tated sub <b>EDI</b> me a	pplication is part of the examination process of in the job bulletin. You may NOT substitute ostantiate education.  UCATION AND TRAINING and Address of High School:	and the following sec a resume in lieu of co	ctions must demonstr			d to furnish trar	
tated o sub . EDI me a not, d lege (	pplication is part of the examination process of in the job bulletin. You may NOT substitute obstantiate education.  UCATION AND TRAINING	and the following sec a resume in lieu of co	ctions must demonstr ompletion of this appl	lication. Applica		d to furnish tranDid you gradDegr	nscript or diploma
sated sub EDI me a ot, d	pplication is part of the examination process of in the job bulletin. You may NOT substitute estantiate education.  UCATION AND TRAINING and Address of High School:  do you have a G.E.D. equivalent: Yes No or University/Location	and the following sec a resume in lieu of co b Issued by:	ctions must demonstr ompletion of this appl	lication. Applica	ants may be required  Units Completed	d to furnish tranDid you gradDegr	nscript or diploma
ege (lude	pplication is part of the examination process of in the job bulletin. You may NOT substitute estantiate education.  UCATION AND TRAINING and Address of High School:  do you have a G.E.D. equivalent: Yes No or University/Location Graduate Study)  S AND CERTIFICATES (State, Professional, Nur	and the following sec a resume in lieu of co b Issued by: Major Subject	ctions must demonstr ompletion of this appl  Minor Sub	ication. Applica	ants may be required  Units Completed	d to furnish tranDid you gradDegr	nscript or diploma duate? □ Yes □ N ree(s) Received
Enter	pplication is part of the examination process of in the job bulletin. You may NOT substitute ostantiate education.  UCATION AND TRAINING and Address of High School:  do you have a G.E.D. equivalent: Yes No or University/Location Graduate Study)	and the following sec a resume in lieu of co b Issued by: Major Subject	ctions must demonstr ompletion of this appl Minor Sub	ication. Applica	ants may be required  Units Completed	d to furnish tranDid you gradDegr	nscript or diploma
ege (lude	pplication is part of the examination process of in the job bulletin. You may NOT substitute estantiate education.  UCATION AND TRAINING and Address of High School:  do you have a G.E.D. equivalent: Yes No or University/Location Graduate Study)  S AND CERTIFICATES (State, Professional, Nur	and the following sec a resume in lieu of co b Issued by: Major Subject	ctions must demonstr ompletion of this appl  Minor Sub	ication. Applica	ants may be required  Units Completed	d to furnish tranDid you gradDegr	nscript or diploma duate? □ Yes □ N ree(s) Received
Enteror State of the control of the	pplication is part of the examination process of in the job bulletin. You may NOT substitute estantiate education.  UCATION AND TRAINING and Address of High School:  do you have a G.E.D. equivalent: Yes No or University/Location Graduate Study)  S AND CERTIFICATES (State, Professional, Nur	and the following sec a resume in lieu of co b Issued by: Major Subject	ctions must demonstr ompletion of this appl  Minor Sub	ication. Applica	ants may be required  Units Completed	d to furnish tranDid you gradDegr	nscript or diploma duate? □ Yes □ N ree(s) Received

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 YrsMos. □ Full Time □ Part Time Hours Per Week:	Job Title and Most Important Dutie Title: No. Supervis Duties:		Name and Address of Employer:  Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment  From: To: Total YrsMos. Full Time	Job Title and Most Important Dutie Title: No. Supervis Duties:		Name and Address of Employer:  Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment  From: To: Total Yrs Mos. □ Full Time □ Part Time Hours Per Week:	Job Title and Most Important Dutie Title: No. Supervis Duties:		Name and Address of Employer:  Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment  From: To: Total Yrs Mos. □ Full Time □ Part Time Hours Per Week:	Job Title and Most Important Dutie Title: No. Supervis Duties:		Name and Address of Employer:  Immediate Supervisor: Telephone: Reason for Leaving:
16. May we contact the above 17. List three professional re Name/Occupation		ne(s) you do not wish us to contact:	Telephone Number
application. Reasonable adjustmen  18. PRIVACY STATEMENT AND CER  I understand that the information I provifinal rating. I also understand and agree consideration, may disqualify me from particles.	. If you require accommodations, please contact to will be made to accommodate you.  TIFICATE OF APPLICANT (Please read carefully before the on this form will be used to determine whether I meet that providing the requested information is voluntary and rticipating further in the examination process or may resurbeal right to remain permanently in the United States. I	ore signing.) the requirements for this examination only and ma that omission or distortion of any item may result ult in my termination from employment. I understa	ay serve as the basis for arriving at my in my qualifications not receiving full and that my employment is contingent
Signature:		Date:	

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

All spaces must be completed – please print or type.

said records are of a public, private or confidenti. The intent of this authorization is to give my consinancial or credit institutions, including records of also the records of the intent of this authorization commercial or retail credit agencies (including or hospitals, clinics, private practitioners and the U. including background reports, sufficiency ratings records for violation of the law, including crimina whosesoever located, and to include the records another person in any case, in which I presently It is the intent of this authorization to provide full of pursuing a background investigation, which m Court, to consider in determining my suitability for information, however personal or confidential it in intended to deny access to any records not specific understand that any information obtained by the whole or in part, upon this release authorization refusal to grant this authorization will not, of itself	horized agent of the State of Ca al nature.  Sent for a full and complete discler deposits, withdrawals and balants is to give my consent for full and edit reports and/or), medical and S. Veteran's Administration, publy, real and personal property tax I and or traffic records, records of and recollection of attorney-athave or have had an interest, and free access to background any provide pertinent data for the premployment by that department and appear to be, and the source iffically mentioned herein. The personal history background in will be considered in determining free constitute a basis for rejection iginal hereof, even though the satisformation provided in this states.	ances of checking and savings accounts and loans, and domplete disclosure of the records of educational, dipsychiatric treatment and/or consultation, including olic utilities, employment and pre-employment records, statements and records wherever filed, conviction of complaint of a civil nature made by or against me, law or of other counsel, whether representing me or and history of my personal life, for the specific purpose State of California, County of Mariposa, Superior nt. It is my specific intent to provide access to personal es of information specifically enumerated about are not exestigation, which is developed directly or indirectly, in gmy suitability for employment. I fully understand that of my application.  aid photocopy does not contain an original writing of my ement is the truth to the best of my knowledge.
Signature	Date of Birth	Social Security # (Optional)
Signature	Date of Birth	Cocial 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, Maider	name	Motor Vehicle Driver's License Number
Residence Street Address (no P.O. Boxes): Cit	y or Town: State: Zip Code:	
STATE OF	SS	
COUNTY OF	, TOWN	
Personally appeared information and made oath to the truth of the m	signer of the atters contained therein, before	foregoing written authorization for release of personal me.
	SIGNATURE	OF NOTARY PUBLIC
	MY C	OMMISION 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.

ETHNIO	C CATEGORY White (Includes Indo-European, Pakistani, East Indian)	SEX::	Mal	e	Female
2. 3.	Black (Includes African, Jamaican, Trinidadian, and West Indian) Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American	AGE GROU	UP:	Unde Unde	r 21
4.	or Spanish) Asian/Pacific Islander (Includes Japanese, Chinese or Korean)			21 to 40 to	
5.	American Indian (Includes persons who identify themselves or are known as such by virtue of tribal association)				older
6.	Other:				
Yes f yes, w	No hat accommodation would you need?				
PLEASE I	NDICATE BELOW HOW YOU BECAME AWARE OF THIS JOB OPPORTUNI	TY			