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:

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

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF MARIPOSA



EMAIL COMPLETED APPLICATION TO:

_ I certify

Judicial Council of California Human Resources ATTN: Atul Bector Ph (415) 865-7983 atul.bector@jud.ca.gov

POSTMARKS ARE NOT ACCEPTED

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	Name:	(Last)			(First)			(Middle)		
	Mailing Address:	, ,			(FIISL)					
	Telephone Number	(Street Address or P.O. E	Box)	(City)		(Sta	te)	(Zip Code)		
	(Include Area			(H	ome)		(Busines	s/Message)	(Other)	
	Indicate all types of									
		to accept:			nent Part-Time			o benefits)		
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	Ware you ever disc	narged, rejected during	nrohation	or have you	ı resigned unda	ar threat of d	ischarge or	unfavorable circui	mstances from a	nnv
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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 Duties Performed Title: No. Supervised: Duties:	Name and Address of Employer: Immediate Supervisor: Telephone: Reason for Leaving:
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16. May we contact the above 17. List three professional resident Name/Occupation	ve employers: Yes No If no, indicate the one(s) you do not wish the one (s) you do	Telephone Number
application. Reasonable adjustmen 18. PRIVACY STATEMENT AND CER I understand that the information I provi- final rating. I also understand and agree consideration, may disqualify me from pa	is. If you require accommodations, please contact the Superior Court Adits will be made to accommodate you. TIFICATE OF APPLICANT (Please read carefully before signing.) Ide on this form will be used to determine whether I meet the requirements for this that providing the requested information is voluntary and that omission or distortiviticipating further in the examination process or may result in my termination from a legal right to remain permanently in the United States. I further understand that	examination only and may serve as the basis for arriving at my on of any item may result in my qualifications not receiving full a employment. I understand 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.

thereof, concerning myself, by and to, a duly author said records are of a public, private or confidential r. The intent of this authorization is to give my consen financial or credit institutions, including records or d also the records of the intent of this authorization is commercial or retail credit agencies (including credit hospitals, clinics, private practitioners and the U.S. including background reports, sufficiency ratings, rerecords for violation of the law, including criminal ar whosesoever located, and to include the records ar another person in any case, in which I presently have It is the intent of this authorization to provide full and of pursuing a background investigation, which may Court, to consider in determining my suitability for einformation, however personal or confidential it may intended to deny access to any records not specific I understand that any information obtained by the provided to grant this authorization will not, of itself; c. A photocopy of this release will be valid as an origin signature. I certify, under penalty of law that the information is considered to the considered to the release will expire two (2) years after date of each of the considered to the co	ized agent of the State of California lature. It for a full and complete disclosure of eposits, withdrawals and balances of to give my consent for full and complete my consent for full and complete my consent for full and psychological and psychological and psychological and personal property tax statement of traffic records, records of complete or have had an interest. It free access to background and his provide pertinent data for the State mployment by that department. It is appear to be, and the sources of in ally mentioned herein. Personal history background investigates to be considered in determining my support to the said photographic my constitute a basis for rejection of my that hereof, even though the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in this statement in the said photographic mation provided in the	of the records of educational institutions, of checking and savings accounts and loans, and plete disclosure of the records of educational, niatric treatment and/or consultation, including ties, employment and pre-employment records, ents and records wherever filed, conviction plaint of a civil nature made by or against me, of other counsel, whether representing me or attory of my personal life, for the specific purpose of California, County of Mariposa, Superior my specific intent to provide access to personal aformation specifically enumerated about are not eation, which is developed directly or indirectly, in uitability for employment. I fully understand that application.
Signature	Date of Birth	Social Security # (Optional)
Address	City	Sate/ Zip
	Personal Information	
	r orosina. mnormanon	_
Last Name First Name Middle Name	Date of Birth	Telephone Number
Share Aliases, Other names known by, Maiden na	me	Motor Vehicle Driver's License Number
Residence Street Address (no P.O. Boxes): City o	r Town: State: Zip Code:	
STATE OF		
COUNTY OF	, TOWN	
Personally appeared information and made oath to the truth of the matter		ing written authorization for release of personal
	SIGNATURE OF N	OTARY PUBLIC
	MY COMMIS	ION 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.

	C CATEGORY	SEX::	Male	Female
1.	White (Includes Indo-European, Pakistani, East Indian)			
2.	Black (Includes African, Jamaican, Trinidadian, and West Indian)	AGE GROUP:	Un	der 18
3.	Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)			der 21 to 39
4.	Asian/Pacific Islander (Includes Japanese, Chinese or Korean)		40	to 65
5.	American Indian (Includes persons who identify themselves or are known as such by virtue of tribal association)		66	or older
6.	Other:			
	I HAVE A DISABILITY THAT WOULD REQUIRE REASONABLE ACCOMMOD	ATION:		
Yes	No what accommodation would you need?	ATION:		
Yes If yes, w	No			
Yes If yes, w PLEASE News	No vhat accommodation would you need?	ΤΥ	Other Cou Friend/Re	nty Employee lative
Yes If yes, w PLEASE News Jobs A Other	No what accommodation would you need? INDICATE BELOW HOW YOU BECAME AWARE OF THIS JOB OPPORTUNI paper Ad (specify:	ТΥ	Friend/Re County In	