



Superior Court of California

COUNTY OF SANTA CRUZ

Justice with Dignity and Respect

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

- Answer all questions. Use ink, type, or fill in form. Incomplete applications will be disqualified.
- A separate application must be submitted for each job classification and recruitment.
- Falsification or deceptive omission of requested information may cause application rejection.
- For job information please call (831) 420-2275 for Human Resources extension.

RETURN COMPLETED APPLICATION TO:
 Superior Court of California, County of Santa Cruz
 Human Resources
 701 Ocean St, Santa Cruz, Ca 95060
 hr@santacruzcourt.org

POSITION:	SOCIAL SECURITY NUMBER:		
LAST NAME:	FIRST NAME:	MI:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	DRIVER'S LICENSE (Number, State, Expiration):	

Are you currently employed by the Superior Court as a permanent or probationary employee? Yes No

As an adult, have you ever been convicted of a crime (misdemeanor or felony)? Yes No
 (Exclude sealed, expunged, or legally eradicated convictions; misdemeanor convictions where probation was completed and case dismissed; and minor traffic violations.)

Are you currently on bail or awaiting trial for a criminal offense? Yes No

If YES to either of the above, please list each offense, when, where, and disposition of case on a separate piece of paper. Conviction of a crime is not an automatic bar to employment. Each case is considered individually.

Have you ever been fired or forced to resign from previous employment? Yes No

If YES, you must attach an explanation on a separate piece of paper and include employers' names and dates.

Are you fluent in any language in addition to English? If yes, please indicate your skills. You may be tested on those indicated.

Language(s):	Understand	Speak	Write	Read
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Do you have any friends, relatives, or acquaintances working for the Court? Yes No If yes, state name and relationship:

If hired, would you have transportation to/from work? Yes No

Are you able to perform the essential functions of the job for which you are applying either with / without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

Title and number of license, certificate or other credential, if required for this position. (Check job bulletin)

Title:	Number:	Issued by:	Expiration Date:
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EDUCATION

High School Attended:	City:	State:	
High School Diploma:	G.E.D. Certificate:	High School Proficiency:	Highest Grade Completed:
College/University/Business School Attended (Name/Address)	Titles of Courses/Major	Number of Units	Degree/Cert Received

THIS SECTION FOR SUPERIOR COURT USE ONLY

Established to List:	Accepted _____	Not Accepted _____		
(Date)	Screened Out _____	Experience:	Education:	No Supplemental:
		Incomplete App:	Other:	Comments:
				Late Filing:

EMPLOYMENT HISTORY

1. List your most recent employment first.
2. List all experience, paid or voluntary, related to the position.
3. Use different blocks for different positions with the same employer.
4. Additional sheets may be attached as needed.

RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION

Dates Employed	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Wk:	
Salary:	
Reason for leaving:	Supervisor Name and Title:
Dates Employed	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Wk:	
Salary:	
Reason for leaving:	Supervisor Name and Title:
Dates Employed	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Wk:	
Salary:	
Reason for leaving:	Supervisor Name and Title:
Dates Employed	Name of Employer:
Start:	Address:
End:	Job Title:
Total Months:	Duties:
Hours Per Wk:	
Salary:	
Reason for leaving:	Supervisor Name and Title:

Certificate of Application

I certify that all statements made in this application and the attachments are true. I agree and understand that misstatements or omissions of any material fact may be cause for disqualification or dismissal. I also grant permission for the Court to verify any and all information contained within by contacting former employers and schools, etc. I further agree to be fingerprinted, to submit to a complete medical examination by a Court appointed physician and to furnish such proof of age and citizenship as may be required.

May we contact *your* present employer? Yes No

Signature

Printed Name

Date

APPLICANT QUESTIONNAIRE

Your voluntary answers to this section will provide statistics needed to evaluate our recruitment program as well as prepare statistical reports required by Federal, State, and County agencies. Data collected is confidential and will be used for recruitment statistics only. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction.

Position Applied For:

A. Sex Male Female

B. Date of Birth:

C. Ethnic Origin:

White (non-Hispanic)

Black (non-Hispanic)

Latino

Asian

American Indian or Alaskan Native

Other

D. Do you have a disability? Yes No

Hearing

Speech

Vision Impairment

Mobility

Mental

Learning

Other

Note to applicants with disabilities: If you require testing accommodations, please contact the Human Resources Office at the time of application (831) 420-2275 or by email at hr@santacruzcourt.org. Reasonable effort will be made to accommodate you.

HOW DID YOU FIND OUT ABOUT THIS JOB?

Monster Jobs

Craig's List

Career Link

National Center for State Courts

AOC

Newspaper Ad

Other: