FOR HUMAN	
RESOURCES	
USE ONLY	
REVIEW	
DATE	

QUALIFIED
NOT QUALIFIED

SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA EMPLOYMENT APPLICATION Superior Court Administration

Human Resources Division 191 North First Street San José, California 95113 (408) 882-2700 Job Hotline (408) 882-2750 Website: www.scscourt.org



Sex

Female
Male

Your application and any required supplemental information MUST be received in the Human Resources office by 5:00 p.m. on the closing date listed on the job announcement

1. POSITION TITLE APPLIED FOR: Are you interested in Permanent or Temporary employment?						
2. Name: Last	First	First		Middle	3. Email Add	Iress
4. Street Address		Ę	5. Apt #	6. Home Tel ()	ephone Number	
7. City	8. State		ę	9. Zip Code	10. Work Te ()	lephone Number
11. Driver's License (Number, State and Expiration Date) 12.		12. L	Languages spoken fluently other than English:			
13. Do you have any relat	ives currently employed i	n the Superio	or Court	t of California, County of San	ta Clara? [YES NO
If yes, please complete Name:		Relationsh	ip		Superior Court Location	
14. Have you ever been fired or asked to resign from employment? YES NO If yes, please explain:						
15. Do you give permissio	15. Do you give permission to contact your current and/or previous employer(s)? YES NO					
. .	6. Education High School Name High School Diploma: □ YES □ NO □ G.E.D. Certificate		9	Location		
College or L Include Graduate Stu Special T	dy, Certification or	Major Units Completed		Degree(s) Received		
JAIL OR IMPRISONMEN)	FINED, PLACED ON PR	OBATION O	R GIVE	EN À SUSPENDED SENTEN	ICE IN ANY CC	TIONS NOT PUNISHABLE BY URT OF LAW OR MILITARY URT ORDERYESNO
Date of Conviction	iction Location of Conviction			Describe Nature of the Offense		Disposition
(PLEASE NOTE: A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT; EACH CASE IS CONSIDERED ON ITS MERITS.)						
If yes, please explain:						

The following information is necessary for the Superior Court of California, County of Santa Clara to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This form will be detached prior to distribution for rating of the application, and maintained separately by the Human Resources Division. The information contained in this section will be confidential and will NOT be used to make employment decisions.

How did you find out about this job?	Ethnic Code:	Age Group	Disability
Exam Announcement	American Indian or Alaskan Native	Under 21	Disabled
Internet Website	Asian or Pacific Islander	21-29	
Newspaper	Black (African, Jamacian, Trinidadian, West Indian)	☐ 30-39	
Job Hotline	🗌 Filipino	40-49	
Other (specify)	White (Caucasian, Anglo-Saxon)	50-59	
	Other	60 or over	

HR-042 REV 7/22/09

Period of Employment	Job Title and Most Important Duties Performed	Name and Address of Employer		
Salary: \$	Job Title:			
From: To:	Duties:			
Total:YearsMonths				
🗌 Full-Time 🔲 Part-Time				
Hours per week:	Reason for leaving:	Supervisor's Name: Telephone Number:		
Salary: \$	Job Title:			
From: To:	Duties:			
Total:YearsMonths				
🗌 Full-Time 🔲 Part-Time				
Hours per week:	Reason for leaving:	Supervisor's Name: Telephone Number:		
Salary: \$	Job Title:			
From: To:	Duties:			
Total:YearsMonths				
□ Full-Time □ Part-Time				
Hours per week:	Reason for leaving:	Supervisor's Name: Telephone Number:		
Salary: \$	Job Title:			
From: To:	Duties:			
Total:YearsMonths				
🗌 Full-Time 🔲 Part-Time				
Hours per week:	Reason for leaving:	Supervisor's Name: Telephone Number:		
Salary: \$	Job Title:			
From: To:	Duties:			
Total:YearsMonths				
🗌 Full-Time 🔲 Part-Time		Our en inerte Neuron		
Hours per week:	Reason for leaving:	Supervisor's Name: Telephone Number:		

CERTIFICATE OF APPLICANT (Read carefully before signing): I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misstatement or omission of material fact regarding my application, background information or relevant employment history may subject me to disqualification or dismissal.

I authorize employers, schools, law enforcement agencies, and other individuals and organizations named in this application to provide information regarding my work record, job performance, character, ability, and fitness to authorized employees of the Superior Court of California, County of Santa Clara. I release current and previous employers, schools, law enforcement agencies, individuals, organizations, and the Superior Court of California, County of Santa Clara and its employees/representatives from any liability and/or damages which may result from the release, receipt, or use of requested information.

SIGNATURE (PLEASE USE INK)

DATE