

## SUPERIOR COURT OF CALIFORNIA COUNTY OF SHASTA EMPLOYMENT APPLICATION

## DO NOT ALTER THIS APPLICATION FORM IN ANY MANNER. DOING SO MAY CAUSE YOUR DISQUALIFICATION AS AN APPLICANT.

Postmarks, Facsimiles, or E-Mails NOT Accepted

**RETURN TO:** 

Shasta County Superior Court Human Resources Division 1500 Court Street, Room 106 Redding, CA 96001 Phone: (530) 229-8164

Please use typewriter or print
neatly with blue or black ink.
Position Applied for:

Last Name	First Na	me		Middle Initia	Phone No. (Home)		
Street or P.O. Box	City		State	Zip Co	de Phone No. (Message)		
	City		State	Zip et	in the interverse (interstage)		
					( )		
List other names under which	you have been employed:				Phone No. (Business)		
4 10 6		L.					
Are you 18 years of age or older?	Are you presently legall authorized to work in the		leral Law requin al documentatio				
older?	States on a full-time bas	0	work at time of l		ou		
🗌 Yes 🔲 No		No to	work at time of i	in c.			
1. Have you previously worked for Shasta County or Shasta County Superior Court or are you currently working for the County or Superior Court? If yes, please indicate the position, department, and in what year you terminated in the next section.       Yes       No							
2. Do you have any relatives em	ployed by Shasta County or	Shasta County Suj	perior Court? List	t names, relation	ship, and dept. below. 🗌 Yes 🗌 No		
3. Are there any restrictions on	the number of hours you are	available to work	?		Yes No		
4. Were you ever discharged or	forced to resign a position?				Yes No		
5. Have you ever been convicted					? Yes No		
(Except as required by law, p will be considered in making		t constitute an aut	omatic bar to emp	loyment but			
will be considered in making	employment decisions.)						
6. Have you ever been convicted	of driving under the influen	ce which was not j	udicially dismissed	d?	Yes No		
	NOTE: Shasta C	ounty Superior Co	urt requires you to	a he fingernrint	ad		
Use this space and an attachment (							
	,, , , , , , , , , , , , , , , , , , , ,			·			
Certificates of professional or	ocational competence or	licenses:			Bilingual Skills		
				Language:			
<u>Type</u> <u>Sta</u>	te of Issue Dat	e Issued	Expiration D	ale			
				Read/V	Vrite:		
				Speak:			
Driver License:	Office mach	ines and skills:			Human Resources Division Only		
State: Class:		(Speed wpn	n) Computer (Spe	edwpm)	Application Review: Approved Not Approved		
License No.: Shorthand (Speed			_wpm) Calculator () D		Date:		
Expiration Date: Software:							
Indicate the type of work you would be willing to accept: Human Resources Division Only							
indicate the type of nork you nould be mining to accept			Application Received—Date Stamp Below				
PERMANENT	TEMPORARY	PORARY SHIFTS					
🔲 Full Time	🔲 Full Time		Days	Weekends			
Part Time (Less than 40 hours per week)	Part Time Intermittent		Evenings [ ] Nights	<b>Rotating</b>			
(Less than 40 hours per week)	(When and as						

Do you have a High School Diploma or G	.E. D. Certif	icate? Yes	No			
Name & Location of College/University	Attended	Major Coursework	Semester Uni	ts Quarter Units	Degree Awarded	
Business, Correspondence, Apprenticesh	ip, Vocationa	l. Al, Manpower Training, Trade,	Cou	rse Studied	Duration and	
or Service Schools Attended	•				Date Completed	
EXPERIENCE: In order for your applic						
10t be acceptable in lieu of completing th ΓΟ RESUME" OR "SEE ATTACHED."	List below	all present and past employmen	t for the past 10	years beginning with	your most recent.	
Include U.S. Military Service, self-employ additional sheets if needed.	ment, and r	elevant unpaid volunteer work.	Explain gaps be	tween employment pe	eriods. Attach	
From: To:	Job Title	(s) & Duties:		Employer:		
Month/Year Month/Year			Ad	dress:		
Sa <u>lary: \$</u> per			Sur	pervisor:		
🗌 week 🔲 month 🗌 year			DL			
Hours per week:			rno	one No.: ( )		
If still employed, may we contact?			Rea	ason for Leaving:		
Yes No	Number	of people supervised:				
From: To:		(s) & Duties:		Employer:		
Month/Year Month/Year			Ad	dress:		
			Sup	pervisor:		
Salary: \$per			Pho	one No.: ( )		
			1 10			
Hours per week:	Numbor	of people supervised:	Rea	ason for Leaving:		
From: To:		(s) & Duties:	Em	ployer:		
NA			Ad	dress:		
Month/Year Month/Year			Sur	ervisor:		
Salary: \$ per						
week month year			Pho	one No.: ( )		
Hours per week:	Number	of people supervised:	Rea	ason for Leaving:		
CERTIFICAT	TE OF API	PLICANT (READ CARE	FULLY BEFC	ORE SIGNING)		
certify that all statements made in t						
nvestigation of all matters contained						
this application may be cause for for agree to be fingerprinted, to submit t						
neeting the conditions of employmen	t as may be	required. In addition, I agr	ee, if it is reque	sted, to submit to a	complete medical	
examination and drug test <u>after</u> an of qualifications for a position, I will be				f I do not have the	minimum	
I hereby waive my right pursuant County Superior Court as a resul				any public record o	btained by Shasta	
	t of any till	Progiment background mytst	0			
Signature:(Applicant signature requ	uired for annli	cation to be complete)	Date: _			
		<b>k</b> /		(Application for I	Employment.doc—07/14	

## SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF SHASTA

## **Applicant Characteristics Questionnaire**

All applicants are asked to voluntarily provide the following information. This section will be detached from your application prior to review and will be kept separately. All information provided is <u>strictly confidential</u>. The information you give will assist the Superior Court in analyzing its recruitment program and in accurately compiling required statistical data for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual.

Date:					
Position Applied For:					
Sex: Male Female					
Ethnic Origin:					
	White-Caucasian, Anglo-Saxon				
	Black-African Descent, Jamaican, Trinidadian, West Indian				
	Hispanic-Mexican, Chicano, Latin American; Spanish Descent-Cuban, Puerto Rican				
	Asian or Pacific Islander-Chinese, Japanese, Korean, Filipino				
	American Indian or Alaskan Native				
How di	id you hear about this job? (Check one or more)				
	Newspaper or magazine advertisement (name of publication):				
	A job announcement posting (specify location):				
	An Internet posting (specify site):				
	Other (please indicate):				

(AppCharacteristics.doc-5/04)