

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONO P.O. Box 1037 Mammoth Lakes, CA 93546 TELEPHONE: (760) 923-2321 FACSIMILE: (760) 923-8588 <u>www.mono.courts.ca.gov</u>

APPLICATION FOR EMPLOYMENT

- Applicants are required to complete a Superior Court Application. A resume will **NOT** be accepted in place of a completed application.
- Incomplete or illegible applications will not be considered. <u>An application must be signed to be considered.</u>
- Please Type or print in blue or black ink.

| Position Applying for: | | | | Date of Ap | plication: | |
|---|------------------|---------------|---------------------|------------------|-------------|------|
| Last Name: | First Name: Midd | | | ddle Name: | | |
| Please list any previous names that you have | ve used: | | I | | | |
| Mailing Address: Number & Street | | City | | State | Zip (| Code |
| Email Address: | | <u> </u> | | | | |
| Telephone Number(s): | | | Social Secu | urity Number: | | |
| Driver's License: State | Number | Class | 3 | Expiration Date | e | |
| On what date would you be available for wo | ork?: | I | ł | | | |
| What type of work will you accept: □ Full-Time □ Part-Time | emporary | Are you willi | ng to travel if the |) job requires i | t?: | |
| Are you currently receiving retirement benef If yes, please check type of retirement: | | | | No | | |
| | | | | | | |
| Have you ever filed an application w | vith us before? | | | | 🗌 Yes | 🗌 No |
| If Yes, give date: | | | | | | □ No |
| Are you currently, or have you ever worked for Mono County Superior Court? If Yes, give date: | | | | | | |
| If you are under 18 years of age, ca | | | gibility to work? | ? | 🗌 Yes | 🗌 No |
| Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> | | | | | | 🗌 No |
| Are you able to perform the essential functions of the job for which you are applying based on the job announcement with or without reasonable accommodations? | | | | | | 🗌 No |
| The court will make efforts to provide reasonable accommodations to disabled candidates in the examination process. If you have any special needs, please notify the Court by the filing date. | | | | | | |
| Have you ever been terminated or failed to pass probation from any job or employment? | | | | | 🗌 Yes | 🗌 No |
| If Yes, Please describe: | | | | | | |
| Have you been arrested for and charged with a crime for which you're currently out on bail or on | | | | | | |
| your own recognizance pending trial? Employment with the Superior Court is contingent upon passing a background clearance including, but not limited to, fingerprinting and records check. A conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. | | | | | | |
| If you answered yes, please provi | | | | | | |
| Offense Date Where (city/state) Case Disposition | | | | | /Action Tal | ken |
| | | | | | | |

Please attach an additional sheet if necessary, and list the charge or offense, the date, the city and state in which charged, and the court in which all such actions were taken. Failure to list all convictions other than those excluded may disqualify you from consideration.

EDUCATION AND TRAINING:

Please read the Minimum qualifications section on the job announcement before filing out this section.

| HIGH SCHOOL | | |
|-------------------|-------------------|--------------------------|
| NAME AND LOCATION | DID YOU GRADUATE? | EQUIVALENCY TEST OR GED? |
| | □Yes □ No | 🗌 Yes 🗌 No |

| COLLEGE, UNIVERSITY, BUSINESS, TRADE, OR SERVICE SCHOOLS | | | | | | |
|--|-----------------|---|------------------|------------------------------|------------------------------|--|
| NAME AND LOCATION | DEGREE MAJOR | NUMBER OF CREDITS COMPLETED OR EARNED | | DEGREE TYPE (I.E. BS, AA, | DATES OF ATTENDANCE | |
| | | Semester Units | Quarter Units | PHD) | AND/OR YEAR DEGREE ISSUED | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| PROFESSIONAL LICENSES, REGISTRATION, CERTIFICATION | | | | | | |
|--|--------------------------------|------------|-----------------|--|--|--|
| ORGANIZATION | LICENSE/REGISTRATION NUMBER | ISSUE DATE | EXPIRATION DATE | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE | | | | | |
|---|--------|------|------|--|--|
| | FLUENT | GOOD | FAIR | | |
| SPEAK | | | | | |
| READ | | | | | |
| WRITE | | | | | |

| REFERENCES | | | | | |
|------------|--|-------------------------------|------------------|--|--|
| Please lis | st three(3) references who are not related to you an | d are not previous employers. | | | |
| | NAME | ADDRESS | TELEPHONE NUMBER | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

| SPECIAL SKILLS AND QUALIFICATIONS | | | | |
|---|--|--|--|--|
| Summarize special job-related skills and qualifications acquired from employment or other experience. | | | | |
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EMPLOYMENT EXPERIENCE:

Beginning with your most recent experience, give detail on the experience that you believe meets the requirements for this recruitment. **DO NOT** use "See Resume" for any of the requested information on this form. Resumes may be attached, but they will not be accepted in place of a properly completed Mono Superior Court application for employment. You may attach an additional sheet of paper if necessary.

| Are you currently employed? May we contact your present En | | ☐ Yes ☐ No ☐ Yes ☐ No | |
|---|--------------------------|--------------------------|-----|
| | | | |
| Employer: | Job Title: | Dated Employed | |
| Address: | Supervisor's Name/Title: | From: | То: |
| Phone Number: | Reason for Leaving: | 1 | |
| Duties: | | | |
| | | | |
| Employer: | Job Title: | Dated Employed | |
| Address: | Supervisor's Name/Title: | From: | To: |
| Phone Number: | Reason for Leaving: | I | |
| Duties: | | | |
| Employer: | Job Title: | Dated Employed | |
| Address: | Supervisor's Name/Title: | From: | To: |
| Phone Number: | Reason for Leaving: | | |
| Duties: | | | |
| Employer: | Job Title: | Dated Employed | |
| Address: | Supervisor's Name/Title: | From: | То: |
| Phone Number: | Reason for Leaving: | 1 | 1 |
| Duties: | | | |

Page _____ of _____ (Write in the number of pages you are submitting)

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days, and that if I wish to be considered for employment beyond that time period, I should inquire as to whether or not applications are being accepted at a later time. I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or other disciplinary measures. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date:

| HUMAN RESOURCES' USE ONLY | | | | | | |
|---------------------------|-----|----------|---------|----------------|----------------------|------------------|
| Qualified | | | | | | |
| Not Qualified | | | | | | |
| Education | n | Late Sub | mission | | Incomplete/Unsigned/ | lllegible |
| Arrange Interviev | w: | 🗌 Yes | 🗌 No | Date: | | Time: |
| Hired: | Yes | s 🗌 No | | Starting Date: | | Starting Salary: |