



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

EMPLOYMENT APPLICATION

Mailing Address: San Diego Superior Court Attention: Human Resources P.O. Box 120128 San Diego, CA 92112-0128

For Court Human Resources Use Only A [] / R [] SAF [] Cert.: T [] @ ___ / S [] @ ___ Comments: Analyst: Date:

INFORMATION SHEET - Please read carefully before completing application.

Your application and any supplemental information required MUST be received in Human Resources by 5:00 p.m. on the closing date of the examination. Postmarks or late applications will NOT be accepted.

If the position you are applying for has a typing or shorthand requirement, please include appropriate ORIGINAL certificates, issued within the last two years, which will be returned to you. Incomplete applications will delay the referral process and could be a basis for disqualification.

TITLE OF POSITION EXAM NO. LAST NAME FIRST NAME SOCIAL SECURITY NUMBER STREET ADDRESS CITY STATE ZIP CODE HOME TEL. NO.: BUSINESS TEL. NO.:

WORK LOCATION: Please check the areas you are willing to work: Downtown (San Diego) East County (El Cajon) Kearny Mesa North County (Vista) South County (Chula Vista)

Do you currently work for or have you worked in the past for either the San Diego Superior Court or any San Diego County Municipal Court? Yes No If yes, position title and dates.

Do you currently work for or have you worked in the past for the County of San Diego? Yes No If yes, position title and dates.

Did you graduate from high school or have you received a G.E.D. Certificate? Yes No

EDUCATION: List below your education, beginning with the most recent.

Table with 6 columns: College, University, or Vocational School & Location; Course of Study or Major; Units Completed; Did You Graduate? (Yes/No); Type of Degree Earned

TRAINING: List below any training you have completed within the last five years relating to the position for which you are applying. Attach additional information if necessary.

Table with 4 columns: Training Class Subject; Dates Attended; Name of Agency Providing the Training; No. of Classroom Hours

Please complete the information requested below. This information will be separated from your application and kept confidential.

EMPLOYEE SELF-IDENTIFICATION

The San Diego Superior Court is an equal opportunity employer. To help us maintain current information on our workforce, we ask that you complete this form. The information will be separated from your application, kept confidential, is completely voluntary, and will not be used to make any decision about your employment.

Social Security Number: Male = M Female = F Ethnic code Disability code Sex code

How did you learn about this job? Please check the appropriate box.

Advertisement Internet Website School Mailing Court Employee Other: Describe

Last Name

First Name

Examination Number

EXPERIENCE: Beginning with your most recent job, list below your relevant employment experience for the past ten years that shows your qualifications for this position. **You are required to provide all of the information requested below.** Merely stating "REFER TO RESUME" is insufficient. Incomplete applications may result in disqualification. If you need more space, please attach additional sheets which include your name, Social Security Number, the Examination Number and title of the position for which you are applying.

<p align="center">Dates</p> <p>From: Mo. _____ / Yr. _____</p> <p>To: Mo. _____ / Yr. _____</p> <p>Hrs. / Week: _____</p> <p>Salary: _____</p>	<p align="center">Employer's Name and Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Verify by Contacting:</p> <p>Name: _____</p> <p>Tel. No.: _____</p>	<p>Official Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for Leaving: _____</p>
<p align="center">Dates</p> <p>From: Mo. _____ / Yr. _____</p> <p>To: Mo. _____ / Yr. _____</p> <p>Hrs. / Week: _____</p> <p>Salary: _____</p>	<p align="center">Employer's Name and Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Verify by Contacting:</p> <p>Name: _____</p> <p>Tel. No.: _____</p>	<p>Official Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for Leaving: _____</p>
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BILINGUAL: Are you fluent in a language other than English? Yes No

If yes, in what other language(s) are you fluent? _____

CONSENT TO RELEASE OF INFORMATION

May we contact your present employer about your character, qualifications and work record? Yes No

(NOTE: A **NO** response to the above question will not affect the review of your qualifications. If you answer no and we need to contact your present employer before we can offer you a job, you will be contacted first.)

I consent to the release of information for use in determining my eligibility, qualifications, and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and the other individuals and organizations to authorized employees of the San Diego Superior Court. I hereby release you, your organization, current or previous employers, or others from liability or damage which may result from furnishing the requested information.

CERTIFICATE OF APPLICANT: I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that false statements of material facts or omission of facts regarding my background or relevant employment history may subject me to disqualification or dismissal. (NOTE: If you are submitting this form by e-mail, type your full name in the space provided, which will constitute your electronic signature with the same force and effect as your manual signature.)

Date: _____

Signature (*in ink*)

ETHNIC CODES

- 1 **BLACK:** All persons having origins in any of the original Black racial groups of Africa.
- 2 **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3 **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, and Indian subcontinent. (e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 4 **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural affiliation or community recognition
- 5 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 **WHITE (not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DISABILITY CODES

- V **VISUAL:** Legally blind in one or both eyes or restricted in the visual field to 20 degrees.
- H **HEARING:** Total deafness or inability to hear normal conversation and/or use a telephone without the aid of an assistance device.
- S **SPEECH:** Speech impairments when speech is unintelligible in normal conversation.
- P **PHYSICAL:** Orthopedic impairments, amputations, or functional limitations if there is a significant impairment in one or more extremities; or impairment of the trunk, back, spine when there is a medically diagnosed disability which substantially limits one or more major life activities.
- D **DEVELOPMENTAL DISABILITIES:** Persons who meet the legal definition or have been identified as developmentally disabled, include those with autism, cerebral palsy, epilepsy, retardation, and/or other neurological impairments.
- M **MENTAL:** Mental or emotional disorder, including drug addiction and alcoholism.
- N **NONE:** Not disabled.