

# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

|  |                              |
|--|------------------------------|
| For Court Human Resources Use Only   |                              |
| A <input type="checkbox"/> / R <input type="checkbox"/>  | SAF <input type="checkbox"/> |
| Cert.: T <input type="checkbox"/> @ <input type="checkbox"/> / S <input type="checkbox"/> @ <input type="checkbox"/> |                              |
| Comments:  |                              |
| Analyst:   | Date:                        |

## EMPLOYMENT APPLICATION

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

**24 HOUR JOB LINE (619) 450-5222**

### 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, faxes, 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 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**WORK LOCATION:** Please check those geographic areas in which 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.

| College, University, or Vocational School & Location | Course of Study or Major | Units Completed | Did You Graduate? |    | Type of Degree Earned |
|--|--------------------------|-----------------|-------------------|----|-----------------------|
|  |                          |                 | Yes               | No |                       |
|  |                          |                 |                   |    |                       |
|  |                          |                 |                   |    |                       |
|  |                          |                 |                   |    |                       |
|  |                          |                 |                   |    |                       |

**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.

| 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. Select the proper codes from the descriptions below or on the reverse and insert them in the boxes.

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

Name of paper

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.

|   |   |  |
|---|---|--|
| <b>Dates</b><br>From: Mo. _____ / Yr. _____<br>To: Mo. _____ / Yr. _____<br>Hrs. / Week: _____<br>Salary: _____ | <b>Employer's Name and Address</b><br>_____<br>_____<br>_____<br>Verify by Contacting:<br>Name: _____<br>Phone: _____ | <b>Official Title:</b> _____<br><b>Job Duties:</b> _____<br>_____<br>_____<br>_____<br>Reason for Leaving: _____ |
| <b>Dates</b><br>From: Mo. _____ / Yr. _____<br>To: Mo. _____ / Yr. _____<br>Hrs. / Week: _____<br>Salary: _____ | <b>Employer's Name and Address</b><br>_____<br>_____<br>_____<br>Verify by Contacting:<br>Name: _____<br>Phone: _____ | <b>Official Title:</b> _____<br><b>Job Duties:</b> _____<br>_____<br>_____<br>_____<br>Reason for Leaving: _____ |
| <b>Dates</b><br>From: Mo. _____ / Yr. _____<br>To: Mo. _____ / Yr. _____<br>Hrs. / Week: _____<br>Salary: _____ | <b>Employer's Name and Address</b><br>_____<br>_____<br>_____<br>Verify by Contacting:<br>Name: _____<br>Phone: _____ | <b>Official Title:</b> _____<br><b>Job Duties:</b> _____<br>_____<br>_____<br>_____<br>Reason for Leaving: _____ |
| <b>Dates</b><br>From: Mo. _____ / Yr. _____<br>To: Mo. _____ / Yr. _____<br>Hrs. / Week: _____<br>Salary: _____ | <b>Employer's Name and Address</b><br>_____<br>_____<br>_____<br>Verify by Contacting:<br>Name: _____<br>Phone: _____ | <b>Official Title:</b> _____<br><b>Job Duties:</b> _____<br>_____<br>_____<br>_____<br>Reason for Leaving: _____ |

**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.

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, Indian subcontinent, for example, 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 autism, cerebral palsy, epilepsy, retardation, and other neurological impairments.
- M **MENTAL:** Mental or emotional disorder, including drug addiction and alcoholism.
- N **NONE:** Not disabled.