EMPLOYMENT APPLICATION

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BENITO PERSONNEL DEPARTMENT 440 Fifth Street, Room 205 Hollister, CA 95023-3843 (831) 636-4057

An Equal Opportunity-Affirmative Action Employer

Applications Must Be Typed or In Ink. Complete all Sections. Give Sufficient Information to Allow for Comprehensive Review and Evaluation. Position Applying For: _____ Your Name: Middle Initial Address: _ Number and Street City and State Ext. __ Telephone Number: Home: (______) _ Business: (____ May we contact you at your business number?

Yes

No Your Social Security Number: _ (In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained) Do you have a valid California driver's license? ☐ Yes ☐ No Class: A B C D License No.: Can you, after employment, submit proof of your legal right to work in the United States?

Yes No 6. Are you 18 years of age or older? Yes No If not, do you have a valid work permit? Yes No Are you now working, or have you ever worked for the County of San Benito or Superior Court? If YES, please list the name of the department, position, and dates employed below. Are you related to anyone who works for the County of San Benito or Superior Court by blood, marriage or adoption?

Yes

No _ Relationship _ 10. As an adult, have you ever been convicted of a felony? Tyes No. If yes, please explain Describe Nature of Offense Date of Conviction Location (City and State) of Conviction (PLEASE NOTE: A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT, EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS.) 11. Have you ever been fired or forced to resign from any job? \(\subseteq\) Yes \(\subseteq\) No. If YES please explain below. 12. What language(s), other than English, do you speak fluently? ____ _____ Write fluently? _____ Read fluently? __ 13. Do you have the ability to perform the essential functions of the position for which you are applying? \square Yes \square No 14. How did you first hear of this opening? 15. Indicate the type of appointment(s) you will accept: ☐ County Employee ☐ Court Employee ☐ Newspaper ☐ Full-time regular position (40 hours per week) ujum "Jobs Available" Part-time regular position (fewer than 40 hours per week) Other, specify _ ☐ Shift/Weekend Work ☐ Temporary Position ☐ Personnel Office 16. **EDUCATION:** Did you graduate from high school? Yes No. If NO, did you receive a G.E.D? Yes No Circle highest year completed: (Less than 7) 8 9 10 11 12 13 14 15 16 (17 or more) College, Business or Trade School Major Semester Units **Quarter Units** Type of Degree Completed _ Completed Conferred Major Semester Units **Quarter Units** Type of Degree Completed_ Completed . Conferred Graduate Work Major Semester Units **Quarter Units** Type of Degree Completed __ Completed . Conferred

another name, write i	he positions you have held starting with your mo n the name by which you were known to your em sume may be attached but will not be accepted in	ployer. If additional space is needed, at		
Dates of Employment	Employer (Business or Agency Name)	Address	City	State
To Mo. Yr. Mo. Yr.				
Hours Per	Title of your Position	Supervised	visor's Name and Phone No.	
Week Salary \$	Type of Work Performed (Be Specific)	By You		
Reason for Leaving	Type of Work'r chamica (55 opening)			
Dates of Employment To Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)	Address	City	State
Hours Per	Title of your Position	Supervised	visor's Name and Phone No.	
Week Salary \$	Type of Work Performed (Be Specific)	By You		
Reason for Leaving				
Dates of Employment	Employer (Business or Agency Name)	Address	City	State
To Mo. Yr. Mo. Yr.				
Hours Per Week	Title of your Position	No. Employees Supervised By You Supervised	visor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
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Dates of Employment To	Employer (Business or Agency Name)	Address	City	State
Mo. Yr. Mo. Yr. Hours Per	Title of your Position	No. Employees Super Supervised	visor's Name and Phone No.	
Week Salary \$	Type of Work Performed (Be Specific)	By You		
Reason for Leaving	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
18. If the position apply Certificate of training/Professional I	ying for requires a specific license, registration	n or certificate, please complete. Registration No. Date Issue	ed Date Expires	
	ive the names and addresses of three peop and ability. You may use past employers. Address	ole, not relatives, whom we may co	ntact who have knowledo	
	Address	releptione Number	Business of Occupat	
May we contact all employ	rers listed in Number 17? Yes No. If "NO"	', indicate exceptions		
the best of my knowledge	PLEASE READ BEFORE SIGNING. I CERTIFY to and belief. I understand that statements made are eny Court employment or for disciplinary action income.	e subject to verification and that any misr	application are true, complete representation, fraud, or omis	, and correct t sion of materia
X				
Signature			Date	

Equal
Equal Opportunity
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information. The information will be detached from the application. To further its commitment to Equal Opportunity Employment, San Benito County is requesting applications to voluntarily provide the following

Position Applied For:

Ethnic Categories:	60 or Over	50-59	40-49	30-39	21-29	Under 21	Age Group:	Sex: Male Female	Date:	
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Black

White

Hispanic

Asian/Pacific Islander

American Indian or Alaskan Native

Other

Is there any accommodation you require in conjunction with the employment process, including testing and interview arrangements?

Yes N_o

require. If yes, please state the accommodation which you