

EMPLOYMENT APPLICATION

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BENITO
HUMAN RESOURCES
450 Fourth Street
Hollister, CA 95023
(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.

1. Position Applying For: _____
2. Your Name: _____
Last First Middle Initial
3. Address: _____
Number and Street City and State Zip
- Telephone Number: Home/Cell: (_____) _____ Work No. (_____) _____ Ext. _____
May we contact you at your work number? ☐ Yes ☐ No
4. 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.)
5. Do you have a valid California driver's license? ☐ Yes ☐ No Class: A B C D License No.: _____
6. Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No
7. Are you 18 years of age or older? ☐ Yes ☐ No If not, do you have a valid work permit? ☐ Yes ☐ No
8. 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.

9. Are you related to anyone who works for the County of San Benito or Superior Court by blood, marriage or adoption? ☐ Yes ☐ No
Name: _____ Relationship: _____

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10. Have you ever been fired or forced to resign from any job? ☐ Yes ☐ No. If YES please explain below.

11. What language(s), other than English, do you speak fluently? _____
Read fluently? _____ Write fluently? _____
12. Do you have the ability to perform the essential functions of the position for which you are applying? ☐ Yes ☐ No
13. How did you first hear of this opening?
☐ County Employee ☐ Court Employee
☐ "Jobs Available" ☐ Newspaper
☐ Personnel Office ☐ Other, specify _____
14. Indicate the type of appointment(s) you will accept:
☐ Full-time regular position (40 hours per week)
☐ Part-time regular position (fewer than 40 hours per week)
☐ Shift/Weekend Work ☐ Temporary Position
15. **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 Completed _____	Quarter Units Completed _____	Type of Degree Conferred _____
	Major	Semester Units Completed _____	Quarter Units Completed _____	Type of Degree Conferred _____
Graduate Work	Major	Semester Units Completed _____	Quarter Units Completed _____	Type of Degree Conferred _____

16 **EXPERIENCE:** List the positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. This section must be fully completed. A resume may be attached but will not be accepted in place of this section.

Dates of Employment To Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City	State
Hours Per Week	Title of your Position		No. Employees Supervised By You	Supervisor's Name and Phone No.	
Reason for Leaving	Type of Work Performed (Be Specific)				

Dates of Employment To Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City	State
Hours Per Week	Title of your Position		No. Employees Supervised By You	Supervisor's Name and Phone No.	
Reason for Leaving	Type of Work Performed (Be Specific)				

Dates of Employment To Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City	State
Hours Per Week	Title of your Position		No. Employees Supervised By You	Supervisor's Name and Phone No.	
Reason for Leaving	Type of Work Performed (Be Specific)				

Dates of Employment To Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City	State
Hours Per Week	Title of your Position		No. Employees Supervised By You	Supervisor's Name and Phone No.	
Reason for Leaving	Type of Work Performed (Be Specific)				

17. If the position applying for requires a specific license, registration or certificate, please complete.

Certificate of training/Professional Registration	License No./Registration No.	Date Issued	Date Expires
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18. **REFERENCES:** Give the names and addresses of three people, not relatives, whom we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation

May we contact all employers listed in Number 17? ☐ Yes ☐ No. If "NO", indicate exceptions _____

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny Court employment or for disciplinary action including dismissal after employment.

X _____
Signature Date

Equal Opportunity Employment

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

Position Applied For:

Date:

Sex: Male Female

Age Group:

Under 21

21-29

30-39

40-49

50-59

60 or Over

Ethnic Categories:

White

Black

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 No

If yes, please state the accommodation which you require.