

# EMPLOYMENT APPLICATION

SUPERIOR COURT OF CALIFORNIA,  
COUNTY OF SAN BENITO  
HUMAN RESOURCES

450 Fourth Street, 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.

1. Position Applying For: \_\_\_\_\_

2. Your Name: \_\_\_\_\_  
Last First Middle Initial

3. Address: \_\_\_\_\_  
Number and Street City and State Zip

Telephone Number: Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
May we contact you at your business 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

If YES, Name \_\_\_\_\_ Relationship \_\_\_\_\_

10. As an adult, have you ever been convicted of a felony?  Yes  No. If yes, please explain

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

12. What language(s), other than English, do you speak fluently? \_\_\_\_\_

Read fluently? \_\_\_\_\_ Write fluently? \_\_\_\_\_

13. Do you have the ability to perform the essential functions of the position for which you are applying?  Yes  No

14. How did you first hear of this opening?

- County Employee  Court Employee  
 "Jobs Available"  Newspaper  
 Personnel Office  Other, specify \_\_\_\_\_

15. 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

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 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 _____ |

17. **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 (Mo./Yr.)<br>TO | 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 (Mo./Yr.)<br>TO | 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 (Mo./Yr.)<br>TO | 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 (Mo./Yr.)<br>TO | 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) |                                 |                                 |       |
|                                     |                                      |                                 |                                 |       |
|                                     |                                      |                                 |                                 |       |
|                                     |                                      |                                 |                                 |       |

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

|  |                              |             |              |
|--|------------------------------|-------------|--------------|
| <i>Certificate of training/Professional Registration</i> | License No./Registration No. | Date Issued | Date Expires |
|--|------------------------------|-------------|--------------|

19. **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.

\_\_\_\_\_

\_\_\_\_\_