

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. Name: Last Name _____ First Name _____ Middle Initial _____

3. Address: _____ City _____ State _____ Zip _____

4. Telephone Number: Home/Cell: () _____ Work No. () _____ Ext. _____

5. Do you have a valid California Driver's License? YES 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 no, do you have a valid work permit? YES NO

8. Are you now working, 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?

Name: _____ Relationship: _____

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

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 16? 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.

