

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LAKE EMPLOYMENT APPLICATION

Human Resources 255 North Forbes Street, 4th Floor Lakeport, CA 95453-4759 (707) 263-2374, x2838

Type or print in ink.	complete a Superior Court Application. A le in this application will be used to verify disqualify you.		
Last Name	First Name		Middle Name
Previous Names: List any previou	is names under which you have worked, g	one to school or served in the	Armed Services
Address	City	State	Zip Code
Home Phone ()	Work ()	Email	
traffic citations, or juvenile off and a record check conducted. ARE ANY CRIMINAL CHAR	A COURT OF LAW OR MILITARY (enses if the juvenile record has been sea A conviction will not automatically dis	led by court order. All Corqualify you, each case is cor() Y	art employees will be fingerprinted asidered on its merits. ES () NO ES () NO
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Traffic citations, or juvenile off and a record check conducted. ARE ANY CRIMINAL CHART If YES to either of the above, and the second conducted. HAVE YOU EVER BEEN FIT separate piece of paper and income and the second conducted.	enses if the juvenile record has been sea A conviction will not automatically dis RGES PENDING AGAINST YOU? give date, location, nature of offense, and the sea of t	led by court order. All Corqualify you, each case is core () Y () Y () Y I if convicted the sentence. ENSE EMPLOYMENT? If YES, ployment. () Y E COURT OR COUNTY () Y JISH? If YES, please indicates	rrt employees will be fingerprinted nsidered on its merits. ES () NO ES () NO Use additional paper if necessary. SENTENCE please attach explanation on a ES () NO OF LAKE? ES () NO

_ Relationship:_____

_ Department:__

6. DO YOU HAVE A VALID CALIFORN	NIA DRIVER'S LICENSE	? () Yes If yes, Class	() N0
7. LICENSES AND CERTIFICATES (ST.	ATE, PROFESSIONAL, T	TRADE, ETC. WHICH ARE	REQUIRED BY THIS POSITION):
Description:	Issued by:	Expiration Date:	Number:
8. EDUCATION: High School Diploma:	() YES ()	NO () G.E.D. CERT	TIFICATE
NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED:	COURSE OF ST MAJOR	TUDY	DEGREES, CERTIFICATES, UNITS
EXPERIENCE - Please account for all empl PLEASE USE ADDITIONAL WORK EX relevant to the position for which you are app A REPLACEMENT FOR THIS APPLICATE Name of Employer:	PERIENCE ADDENDUM olying (e.g., volunteer experi	I FORM. In addition, please i ience). RESUMES ARE WEL d information fully.	ndicate any other experience that you think i
Dates Employed From: To: Hours per week:	Position Title: Description of		
Reason for Leaving:			
Number of persons you supervised:			
Name of Supervisor:			
Phone: () May we contact this employer? () YES () NO		
Name of Employer:	Employer Add	ress:	
Dates Employed From: To:	Position Title:		
Hours per week:	Description of	Duties:	
Reason for Leaving:			
Number of persons you supervised:			
Name of Supervisor:			
Phone: () May we contact this employer?			
() YES () NO		
NOTICE: Employment with the Court may resassignment to and transfer between different wo			
In accordance with the Immigration and Contre employee of acceptable documents verifying ide			ourt will be contingent upon presentation by the
I understand the Court will thoroughly investig interviews. I authorize all individuals, schools a me, and I release them from all liability for dam attachments is true, complete and correct to the lead to the removal of my name from the eligibil	nd firms named therein, excep lage in providing this informat best of my knowledge. I undo	pt my current employer, if so not tion. My signature affirms that a erstand that falsification of inform	ed, to provide any information requested about all information on this application and
SICNATUDE		DATE	
SIGNATURE		DATE	

WORK EXPERIENCE ADDENDUM

Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
Hours per week:	Description of Duties:
Reason for Leaving:	
Number of persons you supervised:	
Name of Supervisor:	
Phone: ()	
May we contact this employer? () YES () NO	
Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
Hours per week:	Description of Duties:
Reason for Leaving:	
Number of persons you supervised:	
Name of Supervisor:	
Phone: ()	
May we contact this employer? () YES () NO	
Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
	Position Title: Description of Duties:
From: To: Hours	
From: To: Hours per week:	
From: To: Hours per week: Reason for Leaving:	
From: To: Hours per week: Reason for Leaving: Number of persons you supervised: Name of Supervisor:	
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From: To: Hours per week: Reason for Leaving: Number of persons you supervised: Name of Supervisor: Phone: () May we contact this employer? () YES () NO Name of Employer: Dates Employed	Description of Duties: Employer Address:
From: To: Hours per week: Reason for Leaving: Number of persons you supervised: Name of Supervisor: Phone: () May we contact this employer?	Description of Duties: Employer Address: Position Title:
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From: To: Hours per week: Reason for Leaving: Number of persons you supervised: Name of Supervisor: Phone: () May we contact this employer?	Description of Duties: Employer Address: Position Title:
From: To: Hours per week: Reason for Leaving: Number of persons you supervised: Name of Supervisor: Phone: () May we contact this employer?	Description of Duties: Employer Address: Position Title:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LAKE EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

Your voluntary answers to this section will provide statistics needed for the Lake County Superior Court to evaluate its recruitment program as well as prepare statistical reports required by Federal and State agencies. This form will be detached from the employment application. The information contained on this form will be confidential and will NOT be used to make a decision about your employment.

POSITION APPLIED FOR:
() FEMALE () NON-GENDER SPECIFIC
ETHNIC GROUP – PLEASE CHECK ONE WHICH BEST IDENTIFIES YOU:
() WHITE (not of Hispanic origin): All persons not classified into one of five specific ethnic categories that follow.
() ASIAN or PACIFIC ISLANDER (other than Filipinos): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
() BLACK (not of Hispanic origin): All persons having origin in any of the black racial groups.
() FILIPINO: All persons having origins in the peoples of the Philippine Islands.
() HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
() AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America.
WOW DID WOVE THE A DOME THE A DOME THE ADDRESS OF T
HOW DID YOU FIND OUT ABOUT THIS JOB? (CHECK ONE OR MORE)
() LAKE COUNTY RECORD BEE
() INTERNET POSTING
() OTHER NEWSPAPER:
() COURT OR COUNTY EMPLOYEE () FRIEND OR RELATIVE
() POSTING AT COURTHOUSE
() OTHER: