SUPERIOR COURT OF GALIFORNIA			2. Experience 3. Lic/Reg 4. Typing 5. Other Analyst: Date:
2. NAME:Last First	Middle Initial		
Email:			
3. ADDRESS:			
Street	City		State Zip Code
4. SOCIAL SECURITY NUMBER: (L	sed for applicant record cor	ntrol)	
5. Do you speak another language fluently? Yes No	If so, specify language:		
 Are you related to anyone employed by the Superior Court of California, Cou If yes, please provide the name(s) and relationship to you. 	nty of Yuba? 📋 Yes 📋	No	
7. Are you over the age of 18 years? Yes No (If no, you may be	e required to provide author	rization.)	
8. Are you legally eligible to work in the United States? Yes No	(Proof of eligibility will be re	equired upon offer of er	nployment.)
9. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No If yes, please list: (1) date and place of each offense, (2) specific charge, (3) date and place of conviction, (4) fine or sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$150. Any offense that resulted in a fine in excess of \$150, a jail or prison sentence, or probation MUST BE reported. However, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of Health and Safety Code §§ 11357, 11360, 11364, 11365 or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes. (A criminal record is not necessarily a bar to employment. Each case is given individual consideration based on job relatedness.)			
10. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten years?			
Valid Driver's License No. State (If required on job announcement) Class			
Expiration Date			
12. Reasonable testing arrangements may be made to accommodate can who are unable to attend a scheduled test due to religious reasons. If a must call the Court prior to a scheduled test date to request any necessary	plicable, such candidates		
13. I understand that if offered a position with the Court, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that an unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.			
14. I authorize the references, employers and educational institutions identified in this Employment Application to release any information they may have concerning my employment or education to the Court and/or its representatives or agents, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.			
15. In consideration for employment with the Court, if employed, I agree to conform to the Court's rules, regulations, policies and procedures at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Court's business, attendance and punctuality are considered essential requirements and poor attendance or tardiness will result in disciplinary action, up to and including termination of employment.			
CERTIFICATION : I certify under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the Court. By signing below, I acknowledge that I have read, understood and agree to the above statements. Yes No (If no, attach explanation)			
Signature of Applicant (Sign in Ink)		Date Signed	
		2/5/09: Rev. 12/	Page 1 of 3 (Mandatory) /6/16: Rev. 10/19/17/ F Yi "%# #%

EDUCATION AND TRAINING - A copy of degree, license or certificate must accompany application if required on job announcement.

Do you have a High School Diploma or G.E.D. certificate? Types No If no, check the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Names of Colleges/Universities Attended and locations	Course of Study/Major	Semester Units	Quarter Units	Type of Degree
-				
Professional Licenses or Certificates, if required	Issuing Agency	Serial No. or Identification No.	Date Issued	Expiration Date

Professional Licenses or Certificates, if required	Issuing Agency	Identification No.	Date Issued	Expiration Date

EMPLOYMENT HISTORY

Dete

Give complete information for jobs held during the past 10 years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. May we contact your present employer? \Box Yes \Box No

T:41 -

EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW.

Dates	Employer's Name & Address	l itie:	
From:		Reason for Leaving:	
То:		Duties:	
Total Yrs/Mo.:			
Full Time:			
Part Time:			
Number of persons	Supervisor:		
supervised:	Phone:		
Dates	Employer's Name & Address	Title:	
From:		Reason for Leaving:	
То:		Duties:	
Total Yrs/Mo:			
Full Time:			
Part Time:			
Number of persons	Supervisor:		
Supervised:	Phone:		
Dates	Employer's Name & Address	Title:	
From:		Reason for Leaving:	
То:		Duties:	
Total Yrs/Mo:			
Full Time:			
Part Time:			
Number of persons	Supervisor:		
Supervised:	Phone:		

Remarks:

YUBA COUNTY SUPERIOR COURT RECRUITMENT QUESTIONNAIRE

All applicants are asked to voluntarily provide the following information. This section will be detached from your application prior to review and will be kept separately. All information provided is strictly confidential.

NAME OF POSITION APPLIED FOR:

- A. Do you (1) have a physical or mental impairment which substantially limits one or more of your major life activities; i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; (2) have a record of such impairment, or (3) are regarded as having such impairment? \Box Yes \Box No
- B. Will the above disability limit your ability to compete in the examination and/or perform the job applied for?
 Yes No Please specify the disability if you answered "yes":

GENDER:

Male 🗌 Female 🗌

YOUR AGE GROUP:

Under 21
21-29
30-39

□ 40-49 □ 50-59 □ 60 or over

RACE/ETHNIC IDENTIFICATION: (Check one)

	WHITE	(Not of Hispanic	origin))
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BLACK (Not of Hispanic origin)

- ☐ HISPANIC
- ☐ ASIAN OR PACIFIC ISLANDERS.
- AMERICAN INDIAN OR ALASKAN NATIVE
- OTHER Specify:

RECRUITMENT:

Please indicate how you became aware of this job opportunity:

WORD OF N	10UTH
Court em	

ADVERTISEMENT

- Newspaper (specify): _____
 Radio
- ☐ Radio ☐ Television
- Trade or Professional Journal
- Community Organization:

BULLETIN BOARDS

- Court Human Resources Office
- County Human Resources Office
- State Employment Office (EDD)
- Internet
 Other (specify): _____

PUBLIC ORGANIZATION CONTRACTS

- Human Resources Job Line
- State Employment Office
- County Department Office
- Other (specify):