



SUPERIOR COURT OF CALIFORNIA
 COUNTY OF YUBA
 215 Fifth Street, Suite 200, Marysville, CA 95901
 Telephone: (530) 740-1870
 Fax: (530) 740-1871
 Email: courthr@yuba.courts.ca.gov

PERSONNEL USE ONLY	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
1. Education	
2. Experience	
3. Lic/Reg	
4. Typing	
5. Other	
Analyst:	
Date:	

EMPLOYMENT APPLICATION

Instructions: Please complete all sections on both sides of the application.

1. A separate original, signed application is required for each examination.	4. Use a typewriter or print in black or blue ink.
2. Faxed and emailed applications are accepted.	5. Notify the Court of any change of address.
3. Incomplete or illegible applications will not be considered.	

1. POSITION APPLYING FOR: _____

2. NAME: _____ Home Phone: _____
 _____ First Middle Initial _____
 _____ Work Phone: _____
 Email: _____ Cell Phone: _____

3. ADDRESS: _____ Street _____ City _____ State _____ Zip Code _____

4. LAST 4 DIGITS OF SSN: XXX-XX-_____ (Used for applicant record control)

5. Do you speak another language fluently? Yes No If so, specify language: _____

6. Are you related to anyone employed by the Superior Court of California, County of Yuba? Yes No
 If yes, please provide the name(s) and relationship to you. _____

7. Are you over the age of 18 years? Yes No (If no, you may be required to provide authorization.)

8. Are you legally eligible to work in the United States? Yes No (Proof of eligibility will be required upon offer of employment.)

9. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten years? Yes No

Note: Explain item 9 in this section or attach additional sheets.

10. Valid Driver's License No. _____ State _____
 (If required on job announcement) Class _____
 Expiration Date _____

11. Reasonable testing arrangements may be made to accommodate candidates with disabilities or who are unable to attend a scheduled test due to religious reasons. If applicable, such candidates must call the Court prior to a scheduled test date to request any necessary accommodations.

12. 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.

13. 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.

14. 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 or typing 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

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? Yes 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

EMPLOYMENT HISTORY

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? Yes No

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

Dates From: To: Total Yrs/Mo.:	Employer's Name & Address	Title:	
		Reason for Leaving:	
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Number of persons supervised:	Supervisor:	Duties:	
	Phone:		
Dates From: To: Total Yrs/Mo.:	Employer's Name & Address	Title:	
		Reason for Leaving:	
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Number of persons supervised:	Supervisor:	Duties:	
	Phone:		
Dates From: To: Total Yrs/Mo.:	Employer's Name & Address	Title:	
		Reason for Leaving:	
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Number of persons supervised:	Supervisor:	Duties:	
	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? Yes 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:

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 21-29 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60 or over |

RACE/ETHNIC IDENTIFICATION: (Check one)

- WHITE (Not of Hispanic origin)
- 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 MOUTH**
- Court employee
- Relative or friend

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

- BULLETIN BOARDS**
- Court Human Resources Office
- GovernmentJobs.com
- State Employment Office (EDD)
- Internet
- Other (specify): _____

- PUBLIC ORGANIZATION CONTRACTS**
- Human Resources Job Line
- State Employment Office
- County Department Office
- Other (specify): _____