



Superior Court Of California, County Of Monterey
Application For Employment

Human Resources Department
 240 Church St.
 Salinas, CA 93901
 (831) 775-5612
www.monterey.courts.ca.gov

- Applicants are required to complete a Monterey Superior Court Application. A resume will NOT be accepted in place of a completed application.
- Type or print in ink.
- The information you provide in this application will be used to verify and evaluate your job qualifications. An incomplete application or inaccurate information may disqualify you

PERSONAL INFORMATION: Please print clearly in ink or type

 Last Name First Name Middle Name

Previous Names: List any previous names under which you would have worked, gone to school, or served in the Armed Services

 Address City State Zip Code
 () () () MM _____ Day _____*
 Home Phone Work Phone Cell Phone Alt. Phone Month and Day of Birth
 *(Do **not** include Year)

E-Mail Address: _____ How would you like to be notified? E-Mail or US Mail

Do you possess a valid driver's license? Yes No

Driver's License # _____ State _____ Class: _____ Expiration Date _____

EMPLOYMENT INFORMATION:

Can you, after employment, submit verification of your legal right to work in the US? Yes No

Position Desired: _____

What type of job are you looking for? Regular Temporary Student Worker

What types of work will you accept? Full-time Part-time Intermittent

How did you find out about this job? Friend/Relative Salinas Californian Monterey Herald Craigslist.com

Court or County Employee Court Website Careerbuilder.com Other: _____

Are you now or have you ever been employed by the Court? Yes No

Employment with the Court may require appointment or transfer to different work locations. In accepting employment with the Court you are consenting to such appointment or transfer. Locations: Salinas, Monterey, Marina, and King City/Greenfield.

OTHER EMPLOYMENT INFORMATION:

HAVE YOU EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME? Do not include: convictions if record has been subsequently sealed by court order; or misdemeanor marijuana convictions over two years old. Please be advised that Court employees shall be fingerprinted and a record check will be conducted to verify your answer. A conviction record will not automatically disqualify you, each case is considered on its merits. Yes No

ARE YOU CURRENTLY ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRIAL FOR A CRIMINAL OFFENSE?
 Yes No

If YES to either of the above, give date, location, nature of offense, and if convicted the sentence. Use additional paper if necessary.

DATE	LOCATION	NATURE OF OFFENSE	SENTENCE

OTHER EMPLOYMENT INFORMATION Continued:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT? If YES, please attach explanation on a separate piece of paper and include employers' names and dates of employment. Yes No
 HAVE YOU EVER BEEN RELEASED FROM WORK RELATED CONTRACTUAL OBLIGATIONS? If YES, please attach explanation on a separate piece of paper and include names of company/organizations and dates of contract. Yes No

ARE YOU FLUENT IN ANY LANGUAGE IN ADDITION TO ENGLISH? If YES, please indicate your skills. If required you will be tested to certify your bilingual skill. Yes No

Language: _____ Speak Write Read Understand

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COURT? There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband or Child. Each case is considered separately for potential conflict of interest.

Yes No If yes, please indicate the name of the relative currently employed by the Court, their relationship to you and the department they currently work.

Name: _____ Relationship: _____ Department: _____

EDUCATION:	Name and Location	Check Last Year Completed	Did you graduate?	Major or Degree?
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSES AND CERTIFICATES WHICH ARE REQUIRED BY THIS POSITION:

Type: _____ Date Issued: _____ Expiration: _____

Number: _____ Issued By: _____

SKILLS:

Typing _____ Net WPM Data-Entry _____ Net KPH Other: _____ *

Microsoft Word Beginner Skilled Expert Other: _____ *

Microsoft Excel Beginner Skilled Expert

Microsoft Outlook Beginner Skilled Expert

EXPERIENCE

Please account for all employment within the last ten years, beginning with your current or most recent position. IF NECESSARY, PLEASE USE ADDITIONAL EXPERIENCE FORM. In addition, please indicate any other experience that you think is relevant to the position for which you are applying (e.g., volunteer experience). RESUMES ARE WELCOME, BUT ARE NOT ACCEPTABLE AS A REPLACEMENT FOR THIS APPLICATION. Complete all requested information fully.

(1) Name of Employer:	Employer Address:
Dates Employed From: _____ To: _____	Position Title:
Hours Per Week: _____ Monthly Salary \$ _____	Description of Duties:
Number of person you supervised:	
Name of Supervisor:	
Phone: (_____)	
Reason For Leaving:	

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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EXPERIENCE CONTINUED	
(2) Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
Hours Monthly Per Week: Salary \$	Description of Duties:
Number of person you supervised:	
Name of Supervisor:	
Phone: ()	
Reason For Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(3) Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
Hours Monthly Per Week: Salary \$	Description of Duties:
Number of person you supervised:	
Name of Supervisor:	
Phone: ()	
Reason For Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(4) Name of Employer:	Employer Address:
Dates Employed From: To:	Position Title:
Hours Monthly Per Week: Salary \$	Description of Duties:
Number of person you supervised:	
Name of Supervisor:	
Phone: ()	
Reason For Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

In accordance with the Immigration and Control Act of 1986, employment of persons hired by the Superior Court will be contingent upon presentation by the employee of acceptable documents verifying identity and authorization for employment in the United States.

I understand the Court will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer, if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. My signature affirms that all information on this application and attachments is true, complete and correct to the best of my knowledge. I understand that falsification of information may lead to the removal of my name from the eligibility list or termination from employment.

SIGNATURE _____ DATE _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

Your voluntary answers to this section will provide statistics needed for the Monterey 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 **MALE**

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.