



# SUPERIOR COURT OF CALIFORNIA COUNTY OF HUMBOLDT

Human Resources Division

825 5<sup>TH</sup> St., Room 301

Eureka, CA 95501

(707) 269-1202

E-mail: [HR@humboldtcourt.ca.gov](mailto:HR@humboldtcourt.ca.gov)

## EMPLOYMENT APPLICATION

### HUMAN RESOURCES USE ONLY

Qualified  Best Qualified

Not Qualified

Experience

Education

License/Certificates

Not Eligible

Received Late

No Required Forms

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

### JOB TITLE:

- Applicants are required to complete a Humboldt 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.

Last Name	First Name	Middle Name	
Previous Names: List any previous names under which you have worked, gone to school or served in the Armed Services			
Address	City	State	Zip Code
Home Phone ( ) _____	Cell ( ) _____	Work ( ) _____	
E-mail: _____			

1. **HAVE YOU AS AN ADULT EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME?** Do not include juvenile offenses if record has been subsequently sealed by court order. 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

2. **HAVE YOU EVER BEEN FIRED 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

3. **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE COURT OR COUNTY OF HUMBOLDT?**  
( ) YES ( ) NO

4. **ARE YOU FLUENT IN ANY LANGUAGE IN ADDITION TO ENGLISH?** If YES, please indicate your skills.  
( ) YES ( ) NO

Language: \_\_\_\_\_ ( ) Speak ( ) Write ( ) Read ( ) Understand

5. **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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**6. LICENSES, CERTIFICATES AND SPECIAL TRAINING (STATE, PROFESSIONAL, TRADE, ETC. WHICH ARE REQUIRED BY THIS POSITION OR WHICH MAY HELP YOU QUALIFY); INCLUDE DRIVER'S LICENSE:**

Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_  
 Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_  
 Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

**7. EDUCATION: High School Diploma: ( ) YES ( ) NO ( ) G.E.D. CERTIFICATE**

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED: COURSE OF STUDY MAJOR DEGREES, CERTIFICATES, UNITS, Please include dates of completion

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**EXPERIENCE** - Please account for all employment within the **last fifteen years, beginning with your current or most recent position.** **IF NECESSARY, PLEASE USE THE ADDITIONAL WORK EXPERIENCE ADDENDUM 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.

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	

**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** \_\_\_\_\_

## 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:
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May we contact this employer? (     ) YES    (     ) NO	