5	COUNTY OF LASSEN			□ Accepted □ Not Accepted		
UPER	2610 Riverside Drive		1.	1. Education		
S	Susanville, CA 96130			2. Experience		
A.C	Telephone: (530) 251-8205			3. Lic/Reg		
	Fax: (530) 251-4922		4.	. Typing		
	EMPLOYMENT APPLICA	TION	5.	. Other		
	Instructions: Please complete all sections on both sic	es of the applica	tion. A	nalyst:	Date:	
1. /	A separate original, signed application is required for each examination.	3. Incomplete or	illegible application	ns will not be co	onsidered.	
	Faxes of applications are accepted only if the original, signed application is mailed and stmarked the same day as the application was faxed.		er or print in black			
ρο	sunarkeu trie same day as trie application was laxed.	5. Notiry the Cou	rt of any change o	r address.		
1.	POSITION APPLYING FOR:					
2.	NAME:	Но	me Phone:			
	NAME:Last First Middle Initial					
	Email:	Ce	Il Phone:			
3.	ADDRESS:					
	Street	City		State	Zip Code	
4.	SOCIAL SECURITY NUMBER: (Used for applicant rec	ord control)				
5.	Do you speak another language fluently?	ge(s):				
6.	Are you related to anyone employed by the Superior Court of California, County of Lassen't lf yes, please provide the name(s) and relationship to you.	Y □ Yes □ No				
7.	Are you over the age of 18 years? Yes No (If no, you may be required) Yes	d to provide authori	zation.)			
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 convicted by any court of an offense? □ Yes □ No If yes, pleas place of each offense, (2) specific charge(s), (3) date and place of conviction, (4) fine or s You may omit any offense for which the only punishment imposed was a fine of less than that resulted in a fine in excess of \$150, a jail or prison sentence, or probation MUST BE rr you should not disclose convictions that are over two years old as of the date that you comple for violation of Health and Safety Code §§ 11357, 11360, 11364, 11365, or 11550, as those marijuana prior to January 1, 1976, or a statutory predecessor to those statutes. (A crin necessarily a bar to employment. Each case is given individual consideration based on job	entence received. \$150. Any offense ported. However, te this application e statutes relate to inal record is not	Note: Explain ite attach additional			
10	. Have you ever been discharged, rejected during probation, or resigned under pressure or u circumstances within the past ten years? □ Yes □ No	nfavorable				
	State					
11.	Valid Driver's License No Class					
	Expiration Date					
	asonable testing arrangements may be made to accommodate candidates with disabilities plicable, such candidates must call the Court prior to a scheduled test date to request any ne			iled test due to	religious reasons. If	
12	I understand that applications for employment are accepted only during a time of recruitm form must be received by the Superior Court of California, County of Lassen before 5:00 I clearly show that the minimum requirements are met. An application and attachments, once	PM of the closing da	ate. The applicatio			
13	I understand that if offered a position with the Court, I may be required to submit to a pre-eas a condition of employment. I understand that an unsatisfactory result from, refusal to contests and checks will result in withdrawal of any employment offer or termination of employed	operate with, or any	attempt to affect t			
14	I authorize the references, employers, and educational institutions identified in this Employn employment or education to the Court and/or its representatives or agents, and I release all result from providing such information.					
15	In consideration for employment with the Court, if employed, I agree to conform to the Court that such obedience is a condition of employment. I understand that due to the nature of the requirements and poor attendance or tardiness will result in disciplinary action, up to and in	e Court's business	, attendance and p			
fals	RTIFICATION: I certify under penalty of perjury that all statements made on this application se, incomplete, or incorrect statements may result in my disqualification from the examination cknowledge that I have read, understood, and agree to the above statements.	process or dismiss	al from employme			
	Signature of Applicant (Sign in Ink)			Date Signe	ed	

SUPERIOR COURT OF CALIFORNIA

2 COURT OF CA.

PERSONNEL USE ONLY

EDUCATION AND TRAINING - A copy of a degree, license, or certificate must accompany the application if required on the 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
			[1
Professional License 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? \Box Yes \Box No

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

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

Remarks:

LASSEN SUPERIOR COURT RECRUITMENT QUESTIONAIRE

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?
 Ves
 No Please specify the disability if you answered "yes":

GENDER:

 \Box Male \Box Female

YOUR AGE GROUP

Under 21	□ 40-49
□ 21-29	□ 50-59
□ 30-39	□ 60 or over

RACE/ETHNIC IDENTIFICATION: (Check one)

RECRUITMENT:

Please indicate how you became aware of this job opportunity:

WORD OF MOUTH
Court Employee
□ Relative or friend
ADVERTISEMENT

Social Media

□ Radio

□ Trade or Professional Journal

□ Community Organization: _

BULLETIN BOARDS

□ Hall of Justice

GovernmentJobs.com

 \Box Alliance for Workforce Development

Internet

Other (specify): _____