Superior Court of California
County of Solano

Employment Application

Mail to: PO Box 2465, Fairfield, CA 94533
Web site: http://www.solano.courts.ca.gov

Equal Opportunity Employer

Please complete all sections regardless of whether or not you attach a résumé.
Type or print your information on this form.

POSITION TITLE:		**E-MAIL ADDRESS**:	
YOUR NAME: LAST FIRST MIDDLE INITIAL		**OTHER NAMES USED IN EMPLOYMENT**:	
SOCIAL SECURITY NUMBER:	**HOME PHONE**:	**MESSAGE PHONE**:	**WORK/CELL PHONE**:
HOME ADDRESS: NUMBER STREET CITY STATE ZIP			

DO YOU: ☐ **SPEAK** ☐ **READ** ☐ **WRITE ANY LANGUAGES OTHER THAN ENGLISH, FLUENTLY?** ☐ YES ☐ NO
IF YES, INDICATE LANGUAGES:

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO? ☐ YES ☐ NO
IF YES, GIVE EMPLOYMENT DATES: FROM TO ☐ REGULAR EMPLOYEE ☐ TEMPORARY EMPLOYEE

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED IN SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO? ☐ YES ☐ NO
IF YES, GIVE NAME AND RELATIONSHIP:
NAME: RELATIONSHIP:

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? ☐ YES ☐ NO
IF NOT A U.S. CITIZEN, CAN YOU SHOW PROOF OF U.S. GOVERNMENT PERMISSION TO WORK IN THIS COUNTRY? ☐ YES ☐ NO

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? (COMPLETE ONLY IF REQUIRED IN ANNOUNCEMENT) ☐ YES ☐ NO
LICENSE NUMBER: EXPIRATION DATE: CLASS:

HAVE YOU, AS AN ADULT, EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME, FINED (EXCLUDING PARKING CITATIONS ND MINOR TRAFFIC OFFENSES), PLACED ON PROBATION OR GIVEN A SUSPENDED SENTENCE? DO NOT INCLUDE JUVENILE OFFENSES IF RECORD HAS BEEN SUBSEQUENTLY SEALED BY COURT ORDER. ☐ YES ☐ NO
PLEASE NOTE: A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT; EACH CASE IS CONSIDERED ON ITS MERITS.

DATE OF CONVICTION	LOCATION OF CONVICTION	DESCRIBE NATURE OF OFFENSE	DISPOSITION

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? IF YES, PLEASE ATTACH EXPLANATION ☐ YES ☐ NO

DO YOU CLAIM VETERANS CREDIT? IF YES, ATTACH A COPY OF YOUR DD214 FORM. ☐ YES ☐ NO

REFERENCES: DO YOU AUTHORIZE THE COURT TO OBTAIN INFORMATION REGARDING YOUR JOB PERFORMANCE FROM CURRENT AND PREVIOUS EMPLOYERS? ☐ YES ☐ NO
EXCEPTIONS?

EDUCATION: HIGH SCHOOL DIPLOMA ☐ YES ☐ NO G.E.D. CERTIFICATE ☐ YES ☐ NO

HIGH SCHOOL NAME: **CITY/STATE OF SCHOOL**:

NAME AND LOCATION OF COLLEGE OR SCHOOL ATTENDED	COURSE OF STUDY/MAJOR	DEGREES, CERTIFICATES OR UNITS

PROFESSIONAL LICENSES OR CERTIFICATES, IF REQUIRED.

LICENSES OR CERTIFICATES	**ISSUING AGENCY:**	**NUMBER:**	**DATE ISSUED:**	**EXPIRATION DATE:**

For Human Resources Only

[ ] Accepted [ ] Not Accepted
Reason: [ ] Education [ ] Experience [ ] Late Filing [ ] No keyboarding certificate [ ] No Résumé/Supplemental/Writing Sample
[ ] Other: _____ Processed by: _____

EXPERIENCE: Complete all sections regardless of whether or not you attach a résumé. Begin with your most recent job then list separately the PAYROLL TITLE for all jobs, volunteer experience, and any periods of unemployment **in the last ten (10) years**. If your application is incomplete, it will be rejected. Experience is evaluated on a verifiable 40-hour week. If additional space is needed, please use the following page.

DATES OF EMPLOYMENT FROM: TO HRS/WK	**LENGTH OF EMPLOYMENT:** YEARS AND/OR MONTHS	**OFFICIAL JOB TITLE:**
NAME AND ADDRESS OF EMPLOYER:		**TYPE OF BUSINESS:**
SUPERVISOR'S NAME AND JOB TITLE:	**SUPERVISOR'S PHONE NUMBER:**	**NO. OF EMPLOYEES YOU SUPERVISED:**
SALARY: $ PER MONTH OR $ PER HOUR	**REASON FOR LEAVING:**	**ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD?** ☐ YES ☐ NO
DESCRIPTION OF PRIMARY DUTIES:		

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NAME AND ADDRESS OF EMPLOYER:		**TYPE OF BUSINESS:**
SUPERVISOR'S NAME AND JOB TITLE:	**SUPERVISOR'S PHONE NUMBER:**	**NO. OF EMPLOYEES YOU SUPERVISED:**
SALARY: $ PER MONTH OR $ PER HOUR	**REASON FOR LEAVING:**	**ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD?** ☐ YES ☐ NO
DESCRIPTION OF PRIMARY DUTIES:		

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SALARY: $ PER MONTH OR $ PER HOUR	**REASON FOR LEAVING:**	**ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD?** ☐ YES ☐ NO
DESCRIPTION OF PRIMARY DUTIES:		

I acknowledge and agree that any misstatement or omission of material fact on my part may cause forfeiture of all rights to employment with the Superior Court of California, County of Solano.
My signature affirms that all information on this application packet is true to the best of my knowledge and authorizes all employers and institutions to release to the Superior Court of California, County of Solano confidential information concerning my employment.

SIGNATURE:_____ DATE: _____

APPLICANTS WITH A DISABILITY: If you require special testing arrangements, please contact Human Resources at the time of application. The Court will make every reasonable effort to accommodate your needs.

ADDITIONAL EXPERIENCE. If you need additional space, attach an additional page with all the requested information.

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SUPERVISOR'S NAME AND JOB TITLE:	**SUPERVISOR'S PHONE NUMBER:**	**NO. OF EMPLOYEES YOU SUPERVISED:**
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Solano Superior Court is asking all applicants to complete this form in order to comply with United States Government Equal Employment Opportunity requirements. **This information will be detached from this application and will be available to authorized personnel only for research and evaluation purposes**. This information will **NOT** have any effect upon your application. Your cooperation in providing this information is essential to the success of the research and evaluation program.

Your Name _____ Position Title _____

SEX: ☐ Male ☐ Female **AGE**: ☐ Under 18 ☐ 18-40 ☐ Over 40

ETHNIC GROUP (Please check the box that best identifies you.)

☐ **HISPANIC OR LATINO**

☐ **BLACK OR AFRICAN AMERICAN**

☐ **WHITE**

☐ **ASIAN**

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

☐ **AMERICAN INDIAN OR ALASKA NATIVE**

☐ **TWO OR MORE RACES**

APPLICANTS WITH DISABILITIES: If you are a qualified individual with a disability, that is, someone who is able to perform the essential functions of the job, with or without reasonable accommodation, and need special testing arrangements, contact the Human Resources Division, 600 Union Avenue, Fairfield, CA 94533 or call (707) 207-7471, and request a **Request for Testing Accommodation by Applicants with Disabilities Form** . This form should be filed with your employment application packet prior to the final filing date. A staff member will contact you and advise you how to proceed.

RECRUITING INFORMATION

How did you find out about this job opening? (Check all that apply)

☐ Court website ☐ Other website _____

☐ Court/County employee ☐ Friend/relative

☐ Newspaper (name) _____

☐ Job Bulletin posted at (name agency) _____