



# Superior Court of California, County of Lassen

## Employment Application

2610 Riverside Drive; Susanville, CA 96130  
(530)-251-8205

**DO NOT WRITE IN THIS SPACE**

Accept

Reject

- Experience
- Education
- Incomplete Application
- Late Application
- No Supplemental App.
- Other \_\_\_\_\_

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

Initials: \_\_\_\_\_

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

Notice Sent : \_\_\_\_\_

**Applications:** Applications for employment are accepted only during a time of recruitment. When a final filing date is indicated, a completed "Employment Application" form must be received by the Superior Court of California, County of Lassen before 5:00 PM of the closing date. The application must be filled out completely and clearly show that the minimum requirements are met. ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION. An applicant's acceptability for any examination must be based on the information on his/her application. An application and attachments, once submitted cannot be returned.

**Equal Opportunity:** The Lassen County Superior Court is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

**Alcohol/Drug Test, Medical, and/or Fingerprint Requirements:** All prospective Court employees shall have a pre-employment Alcohol/Drug test. A medical screening may be required before appointment to a position. Fingerprinting will be required for certain positions within the Court.

I hereby certify that all statements made in the application are true and correct. I understand that this application will be used in determining my qualifications to advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand that any misstatements or omissions of material facts herein may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 1. PLEASE TYPE OR PRINT IN DARK INK

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Number and Street) (City and State) (Zip Code)

Cell Phone Number \_\_\_\_\_ Okay to leave message?  Yes  No

### Position Applying For:

#### 2. Can you, after employment, submit proof of your legal right to work in the United States?

Yes  No

**3. Special test arrangements** may be made to accommodate applicants with disabilities or whose religious convictions prevent them from testing on a specific day or date. Do you require such special arrangements? If yes, check the box below and attach a letter to this application explaining the nature of the special accommodations you require. In addition, please contact Superior Court of California, County of Lassen (530) 251-8205 at least two weeks prior to the test date printed on the job bulletin.

Yes

#### 8. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last 10 years? Yes No

If yes, give the name and address of the employer(s), reason for each release and dates of employment. (If additional space is needed use box 10.) \_\_\_\_\_

(If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.)

#### 4. Do you possess a valid California Driver's License? (Fill in the information below only if required on the job announcement.)

Yes  No.

License # \_\_\_\_\_

Class \_\_\_\_\_

Restrictions \_\_\_\_\_

#### 9. Arrest and Conviction Information: Pursuant to California Labor Code section 432.7, the Court, as a criminal justice agency, may inquire about arrests including those that did not result in convictions.

List any and all arrests, whether or not they resulted in a conviction. Make attachments if needed.

Date and location of arrest: \_\_\_\_\_

Violation Code: \_\_\_\_\_ Conviction Date: \_\_\_\_\_

Explanation (Give details in box 10.)

#### 5. In addition to English, list any other languages you:

Possess verbal fluency in \_\_\_\_\_

Possess written fluency in \_\_\_\_\_

#### 6. If this position requires keyboarding skills, please indicate.

Keyboarding speed: \_\_\_\_\_

You may be required to provide your original certificate.

#### 10. Explanations (Attach additional sheets if needed.):

#### 7. Please indicate in which software programs you are proficient.

- MS Word  Other \_\_\_\_\_
- MS Access  Other \_\_\_\_\_
- MS Excel  Other \_\_\_\_\_
- MS Outlook
- Word Perfect
- Other \_\_\_\_\_

**Education**

Did you graduate from high school?  Yes  No      If not, do you possess a GED?  Yes  No

**Names of College, Graduate, Professional, Business, and/or Trade School (s) Attended:**

Name of School	Location (City, State, Country)	Course of Study/Major	# Of Units	Check One		Type of Degree	Completed (Yes/No)
				Sem.	Qtr.		

**Licenses or Certificates**

Professional Licenses or Certificates, if required	Issuing Agency	Issuing State	License/Certification Number	Date	Expiration Date

**Employment Experience**

List all experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space you may attach a resume (which can not be substituted for completing this application) and include answers to all of the questions asked on this application about each job experience. Refer to the Job Bulletin for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards.

Official Job Title:		Name of Employer:			
Mailing Address:		Supervisor's Name:		Supervisor's job title:	
			Reason for leaving:		
Dates of Employment: From / / To / /	Hrs per week: _____ Length of Employment:    Yrs.    Mos.	Are we authorized to contact this employer regarding your employment record?: <input type="checkbox"/> Yes <input type="checkbox"/> No      Supervisor's phone number: _____			
Description of primary duties:					Number of Employees Supervised: _____

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An Equal Opportunity and ADA Compliant Employer  
Superior Court of California,  
County of Lassen

**This sheet will be removed before the application is reviewed**

<b>Age</b> <input type="checkbox"/> Under 21 <input type="checkbox"/> 21-39 <input type="checkbox"/> 40-69 <input type="checkbox"/> 70 and over
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity/Race</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native
<b>How did you learn of this job opening?</b> <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Trade or Professional Publication: _____ <input type="checkbox"/> Television or Radio <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Job Line <input type="checkbox"/> The newspaper: _____ <input type="checkbox"/> Other: _____