



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:	
HOME PHONE:		WORK/CELL PHONE:		
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
DO YOU: SPEAK READ WRITE ANY LANGUAGES OTHER THAN ENGLISH, FLUENTLY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, INDICATE LANGUAGES:				
ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, GIVE EMPLOYMENT DATES <input type="checkbox"/> REGULAR EMPLOYEE <input type="checkbox"/> TEMPORARY EMPLOYEE				
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED IN SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, GIVE NAME AND RELATIONSHIP: NAME: _____ RELATIONSHIP: _____				
ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT A U.S. CITIZEN, CAN YOU SHOW PROOF OF U.S. GOVERNMENT PERMISSION TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? (COMPLETE ONLY IF REQUIRED IN ANNOUNCEMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE NUMBER: _____ EXPIRATION DATE: _____ CLASS: _____				
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH EXPLANATION				
REFERENCES: DO YOU AUTHORIZE THE COURT TO OBTAIN INFORMATION REGARDING YOUR JOB PERFORMANCE FROM CURRENT AND PREVIOUS EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO. EXCEPTIONS?				
EDUCATION: HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO G.E.D. CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> 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: YRS 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:
REASON FOR LEAVING:				ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF PRIMARY DUTIES:					
DATES OF EMPLOYMENT FROM: TO HRS/WK		LENGTH OF EMPLOYMENT: YRS 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:
REASON FOR LEAVING:				ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF PRIMARY DUTIES:					
DATES OF EMPLOYMENT FROM: TO HRS/WK		LENGTH OF EMPLOYMENT: YRS 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:
REASON FOR LEAVING:				ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> 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.

DATES OF EMPLOYMENT FROM: TO HRS/WK	LENGTH OF EMPLOYMENT: YRS 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:
---	-----------------------------------	---

REASON FOR LEAVING:	ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	---

DESCRIPTION OF PRIMARY DUTIES:

DATES OF EMPLOYMENT FROM: TO HRS/WK	LENGTH OF EMPLOYMENT: YRS 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:
---	-----------------------------------	---

REASON FOR LEAVING:	ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	---

DESCRIPTION OF PRIMARY DUTIES:

DATES OF EMPLOYMENT FROM: TO HRS/WK	LENGTH OF EMPLOYMENT: YRS 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:
---	-----------------------------------	---

REASON FOR LEAVING:	ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	---

DESCRIPTION OF PRIMARY DUTIES:

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

Job Title Applied For

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)