



# Superior Court of California County of Solano

Employment Application

Web site:

<http://www.solano.courts.ca.gov/employment>

## Equal Opportunity Employer

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

<b>POSITION TITLE:</b>					<b>E-MAIL ADDRESS:</b>					
<b>YOUR NAME: LAST</b>			<b>FIRST</b>		<b>MIDDLE INITIAL</b>			<b>OTHER NAMES USED IN EMPLOYMENT:</b>		
<b>HOME PHONE:</b>					<b>WORK/CELL PHONE:</b>					
<b>HOME ADDRESS: NUMBER</b>		<b>STREET</b>			<b>CITY</b>			<b>STATE</b>		<b>ZIP</b>
<b>DO YOU: SPEAK READ WRITE ANY LANGUAGES OTHER THAN ENGLISH, FLUENTLY?</b> Yes    No										
<b>IF YES, INDICATE LANGUAGES:</b>										
<b>ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO?</b>										
YES		NO. IF YES, GIVE EMPLOYMENT DATES			REGULAR EMPLOYEE			TEMPORARY EMPLOYEE		
<b>DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED IN SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO.										
IF YES, GIVE NAME AND RELATIONSHIP:										
NAME:					RELATIONSHIP:					
<b>ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?</b> <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										
<b>DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? (COMPLETE ONLY IF REQUIRED IN ANNOUNCEMENT)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO										
LICENSE NUMBER:		EXPIRATION DATE:			CLASS:					
<b>HAVE YOU, AS AN ADULT, EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME, FINED (EXCLUDING PARKING CITATIONS AND MINOR TRAFFIC OFFENSES), PLACED ON PROBATION OR GIVEN A SUSPENDED SENTENCE? DO NOT INCLUDE JUVENILE OFFENSES.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO										
<b>PLEASE NOTE:</b> 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		
<b>HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT?</b> YES    NO IF YES, PLEASE ATTACH EXPLANATION										
<b>REFERENCES: DO YOU AUTHORIZE THE COURT TO OBTAIN INFORMATION REGARDING YOUR JOB PERFORMANCE FROM CURRENT AND PREVIOUS EMPLOYERS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO.										
EXCEPTIONS?										
<b>EDUCATION:</b> HIGH SCHOOL DIPLOMA    YES    NO    G.E.D. CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO										
<b>HIGH SCHOOL NAME:</b>					<b>CITY/STATE OF SCHOOL:</b>					
<b>NAME AND LOCATION OF COLLEGE OR SCHOOL ATTENDED</b>				<b>COURSE OF STUDY/MAJOR</b>			<b>DEGREES, CERTIFICATES OR UNITS</b>			
<b>PROFESSIONAL LICENSES OR CERTIFICATES, IF REQUIRED.</b>										
<b>LICENSES OR CERTIFICATES</b>		<b>ISSUING AGENCY:</b>			<b>NUMBER:</b>		<b>DATE ISSUED:</b>		<b>EXPIRATION DATE:</b>	

### For Human Resources Only

Accepted     Not Accepted

Reason:     Education     Experience     Late Filing     No keyboarding certificate     No Résumé/Supplemental/Writing Sample

Other: \_\_\_\_\_    Processed by: \_\_\_\_\_

<b>EXPERIENCE:</b> 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 <b>in the last ten (10) years</b> . 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.					
<b>DATES OF EMPLOYMENT</b> FROM:            TO            HRS/WK		<b>LENGTH OF EMPLOYMENT:</b> YRS AND/OR            MONTHS		<b>OFFICIAL JOB TITLE:</b>	
<b>NAME AND ADDRESS OF EMPLOYER:</b>				<b>TYPE OF BUSINESS:</b>	
<b>SUPERVISOR'S NAME AND JOB TITLE:</b>			<b>SUPERVISOR'S PHONE NUMBER:</b>		<b>NO. OF EMPLOYEES YOU SUPERVISED:</b>
REASON FOR LEAVING:			ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD?    YES    NO		
DESCRIPTION OF PRIMARY DUTIES:					
<b>DATES OF EMPLOYMENT</b> FROM:            TO            HRS/WK		<b>LENGTH OF EMPLOYMENT:</b> YRS AND/OR            MONTHS		<b>OFFICIAL JOB TITLE:</b>	
<b>NAME AND ADDRESS OF EMPLOYER:</b>				<b>TYPE OF BUSINESS:</b>	
<b>SUPERVISOR'S NAME AND JOB TITLE:</b>			<b>SUPERVISOR'S PHONE NUMBER:</b>		<b>NO. OF EMPLOYEES YOU SUPERVISED:</b>
REASON FOR LEAVING:			ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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<b>SUPERVISOR'S NAME AND JOB TITLE:</b>			<b>SUPERVISOR'S PHONE NUMBER:</b>		<b>NO. OF EMPLOYEES YOU SUPERVISED:</b>
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.

<b>ADDITIONAL EXPERIENCE. If you need additional space, attach an additional page with all the requested information.</b>					
<b>DATES OF EMPLOYMENT</b> FROM:            TO            HRS/WK		<b>LENGTH OF EMPLOYMENT:</b> YRS AND/OR            MONTHS		<b>OFFICIAL JOB TITLE:</b>	
<b>NAME AND ADDRESS OF EMPLOYER:</b>				<b>TYPE OF BUSINESS:</b>	
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REASON FOR LEAVING:			ARE WE AUTHORIZED TO CONTACT THIS EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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<b>DATES OF EMPLOYMENT</b> FROM:            TO            HRS/WK		<b>LENGTH OF EMPLOYMENT:</b> YRS AND/OR            MONTHS		<b>OFFICIAL JOB TITLE:</b>	
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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.

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Your Name

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Job Title Applied For

**SEX:**  Male  Female

**AGE:**  Under 18  18-40  Over 40

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**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**

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**RECRUITING INFORMATION**

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

Court website  Indeed  LinkedIn  Other website

Court/County employee  Friend/relative  Newspaper (name)

Job Bulletin posted at (name agency)