



Superior Court of California County of Fresno



**1100 Van Ness Avenue
Fresno, California 93724-0002
(559) 457-2050**

INSTRUCTIONS:

1. Please fill out completely.
2. Please TYPE or PRINT: Use black or blue ink.
3. A separate application for each position is required.
4. A resume **will not** be accepted in lieu of a completed application.

www.fresnosuperiorcourt.org/employment

Employment Application

FOR PERSONNEL ONLY	
Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	<input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Late Filing <input type="checkbox"/> Other
Date: _____	By: _____

Name: _____

Last
First
Middle

Address: _____	Phone: Home: () _____
City, State: _____	Business/Message: () _____
Zip Code: _____	E-Mail Address: _____

Position applying for: _____

Are you interested in:
 Full-Time Extra-Help Employment

If you feel you have the need for special testing/selection arrangements due to a qualifying disability, please call (559) 488-2926 or TDD # (559) 488-2880.

	Yes	No		Yes	No
Previous Name(s) – Have you ever worked under or been known by another name? If YES, give name(s) and dates used. This information is used in references checking and record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	Fresno Superior Court Employment – Are you now or have you ever been employed by the Superior Court? If YES, give position, department and dates of employment.	<input type="checkbox"/>	<input type="checkbox"/>
Relatives with the Court – Are you related by blood or marriage to any person(s) presently employed with the Court (including Judicial Officers)? If YES, give name of relative, relationship and Court department (Court policy prohibits certain employment of relatives).	<input type="checkbox"/>	<input type="checkbox"/>	Employment Dismissals – Have you ever been discharged, rejected during probationary period from any employment, resigned under threat of discharge and/or unfavorable circumstances? If YES, give details.	<input type="checkbox"/>	<input type="checkbox"/>
If offered employment, can you provide the necessary documents to verify that you are authorized to work in the U.S.? What is your typing speed? _____ wpm	<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Credits – Do you qualify for credits based on U.S. military service? For Veteran Credits: Submit with this application proof of honorable war-time service, DD214. Proof must be submitted prior to the job final filing date. Copies of documents submitted will not be returned. Credits granted only once – upon initial Court employment.	<input type="checkbox"/>	<input type="checkbox"/>

Review the job announcement for this position. If you have a condition, which would prevent you from performing any of the essential duties, reasonable accommodation will be made when requested and determined by the Fresno County Superior Court to be appropriate under applicable law. Notify the Court Personnel Department if you require special testing facilities or other accommodation.

EDUCATION
All applicants complete this section

<p>Grade or High School – Check one box.</p> <p><input type="checkbox"/> Graduated from High School</p> <p><input type="checkbox"/> Did not graduate, but have ____ years of school.</p> <p><input type="checkbox"/> Did not graduate, but passed a GED (General Education Development) test.</p>	<p>Colleges – Universities – Schools – After High School – Check box(es) (Verification of college/university accreditation as well as transcripts and/or diploma may be required.)</p> <p><input type="checkbox"/> Have vocational school degree.</p> <p><input type="checkbox"/> Have two-year accredited academic college degree.</p> <p><input type="checkbox"/> Do not have degree but ____ years from an accredited college/university.</p> <p><input type="checkbox"/> Have four-year accredited college/university degree.</p> <p><input type="checkbox"/> Have Master’s degree, Juris Doctorate, or Ph.D. from an accredited college/university.</p>																																
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<p>Special Requirements – Fill in this section only if license(s) etc., or specific school courses are required for this job. (Proof of current valid license/certificate, etc. is required.)</p>																																	
<p>License – Certificate – Registration – Show title, date expires, serial number, and which state and/or agency issued (this includes driver’s license).</p>																																	
<p>Required School Courses – If college/university, show units.</p>																																	
<p>Language – What language(s) do you fluently speak and understand other than English?</p>																																	

EXPERIENCE

PLEASE READ CAREFULLY

1. A resume is not acceptable in place of completing the following. Unless the spaces are completed in accordance with the instructions, this application may be rejected.
2. Show all employment during the past 15 years. **Please include exact start and end dates of employment to ensure all work experience is credited toward minimum qualifications.**
3. **Begin with your present or most recent job.**
4. Use a separate block for each Job Title (even those with the same employer).
5. Complete application in its entirety. Give details on the work experience you believe meets the minimum requirements for this position.

IMPORTANT: Check [✓] boxes if employment gave you specific experience to meet requirements for Job Title on front of this application.

<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Period of Employment</th> <th rowspan="2">Job Title:</th> <th rowspan="2">Name and Address of Employer:</th> </tr> <tr> <th>From</th> <th>To</th> </tr> <tr> <td style="width:30%;">Month/Day/Year</td> <td style="width:30%;">Month/Day/Year</td> <td rowspan="4">Duties:</td> <td rowspan="4">Supervisor’s Name, Title and Phone #:</td> </tr> <tr> <td colspan="2">Hours per week:</td> <td rowspan="3">Reason for Leaving:</td> </tr> <tr> <td colspan="2">Monthly Salary:</td> <td rowspan="2">May we contact your employer? If NO, state the reason:</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Period of Employment		Job Title:	Name and Address of Employer:	From	To	Month/Day/Year	Month/Day/Year	Duties:	Supervisor’s Name, Title and Phone #:	Hours per week:		Reason for Leaving:	Monthly Salary:		May we contact your employer? If NO, state the reason:			
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NOTE: We are unable to provide photocopies of submitted applications, resumes and other materials.

READ THIS STATEMENT BEFORE SIGNING:

Information provided on this application may be verified, including but not limited to, contacting former employers. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting former employers.

My signature certifies that all of the information on this application is true, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment by Fresno County Superior Court.

**IMPORTANT NOTICE
REGARDING EMPLOYMENT**

Employment with the Court does not occur until the Court Executive Officer signs and files a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a background check and/or medical evaluation. Until formal appointment is made in this manner, any offers of Court employment are conditional and preliminary and may be withdrawn. At time of hire, Court employees must meet documentation requirements of the Federal Immigration Reform and Control Act of 1986.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

DATE STAMP



Supplemental Application for Employment

Please complete and return to: Fresno County Superior Court
1100 Van Ness Ave.
Fresno, CA 93724-0002
559-488-2926



Name: _____

Position applying for: _____

All questions must be answered. All new employees will be fingerprinted. Fingerprints are submitted to the California Department of Justice and Federal Bureau of Investigation for criminal history information.

1. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF AN OFFENSE? **YES** **NO**

A plea of guilty or no contest must be reported. A plea of guilty or no contest will be reported to the employer as a conviction. You do not need to report the following: (1) minor traffic violations; (2) any arrest or determination that did not result in conviction; (3) any conviction for which the record has been judicially expunged, sealed, or eradicated, such as certain juvenile offense records; (4) any misdemeanor conviction for which probation has been completed and the case has been judicially dismissed; (5) any arrest for which a pretrial diversion program has been successfully completed; or (6) convictions for certain marijuana violations that are more than two years old, per California Labor Code section 432.8.

A conviction is not an automatic bar to employment. The circumstances of the conviction will be taken into consideration in the selection process.

If you checked yes, please complete below for each offense.

You may continue your explanation or list additional offenses under "Additional Information for Question ____" on the next page.

Date of offense: ____ / ____ / ____ Offense: _____ Year of conviction: ____ / ____ / ____

Court: City _____ State _____ Disposition or result of case: _____

Please provide a complete explanation of the facts regarding the offense: _____

Date of offense: ____ / ____ / ____ Offense: _____ Year of conviction: ____ / ____ / ____

Court: City _____ State _____ Disposition or result of case: _____

Please provide a complete explanation of the facts regarding the offense: _____

2. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO NEVER HAD A DRIVER'S LICENSE

If you checked yes, please explain below.

Date license suspended or revoked: ____ / ____ / ____

Date license was reissued to you: ____ / ____ / ____

Explain why your license was suspended or revoked: _____

Date license suspended or revoked: ____ / ____ / ____

Date license was reissued to you: ____ / ____ / ____

Explain why your license was suspended or revoked: _____

3. IF THE POSITION YOU ARE APPLYING FOR REQUIRES A DRIVER'S LICENSE, DO YOU CURRENTLY HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES NO NOT APPLICABLE

If you checked yes, please provide your license number: _____

ADDITIONAL INFORMATION FOR QUESTION _____:

Information provided by the applicant on this form and obtained by the employer is private and confidential. At no time during the application process or thereafter will the information be revealed to persons other than those authorized to have access to the information.

Read carefully before signing: I understand that any misstatement or omission of material fact made in this application or on any attachments or in connection with my application for employment will cause forfeiture on my part of employment and employment opportunities with the Fresno County Superior Court.

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SIGNATURE _____

DATE _____



Superior Court of California County of Fresno



Statistical Information Sheet

Position applying for: _____

This questionnaire is voluntary and will be used for statistical purposes ONLY. This information will NOT be retained with your application and will be kept CONFIDENTIAL.

ETHNIC ORIGIN (Please Check One Box):

- American Indian or Alaska Eskimo All persons having origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliation or communication recognition.
- Asian All persons having origins in any of the original peoples of the Far East, the Indian Subcontinent, Hmong, Khmer, Cambodian, Lao, Thai, Vietnamese, or Mien.
- Black All persons having origins in any of the black racial groups of Africa.
- Filipino All persons having origins in any of the original peoples of the Phillipines.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Pacific Islander All persons having origins in any of the original peoples of the Pacific Islands (for example China, Japan, Korea, and Samoa).
- White All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Other _____

GENDER: Male Female

AGE: 40 Under 40 or Over

DISABILITY:

Do you consider yourself to be disabled? Yes No If Yes, Please Specify: _____

A person with a disability is an individual who: (1) has a physical or mental impairment that substantially limits one or more activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record of such an impairment; (3) is regarded as having such an impairment.

HOW DID YOU LEARN OF THIS JOB OPENING? (Check one)

- Walk-In Friend/Relative
- Newspaper/Publication Please Specify: _____
- Job Announcement on Bulletin Board Please Specify: _____
- Internet Posting Please Specify: _____
- Community Organization Please Specify: _____
- School Please Specify: _____
- Professional Association Please Specify: _____
- Other: Please Specify: _____

THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE USED IN EMPLOYMENT DECISIONS. YOUR PARTICIPATION IS VOLUNTARY.