

Employment Application – Nevada County Superior Court

Human Resources Department
201 Church Street, Suite 6, Nevada City, CA 95959
Phone: (530) 470-2728; Fax: (530) 478-5603

FOR PERSONNEL USE ONLY

- Accepted
- Rejected
 - Experience
 - Education
 - Relative Basis
 - Absolute Basis
 - Other

Print this application. Be sure it is filled out completely. Sign and mail, fax or deliver it along with any other required documentation to the address above. You will be notified by mail of the status of your application.

1. Date: _____
2. Position Applying for: _____
3. Name: _____

First
Last
M.I.
4. Mailing Address: _____

Number and Street or PO Box

City
State
Zip
- Telephone: _____

Home
Work
5. Drivers License Number (if required by position): _____
 Class: _____ Expiration Date: _____
6. If you have ever been known by any other name, please print that name here:

7. Military Service: From: _____ To: _____
8. Do you claim Veteran's Preference? YES NO (You must have been discharged or released under conditions other than dishonorable within the last 15 years. Attach a non-returnable copy of DD-214.)
9. Are you under 18 years of age? YES NO
10. Are you willing to accept employment in the Truckee area (Eastern Nevada County)? YES NO
11. Can you perform the essential duties of the job as listed on the job announcement? (If NO, give details on Page 2, Item 24.) YES NO
12. Have you been convicted of a crime, felony, misdemeanor, or citation within the last 7 years? (Exclude minor traffic violations.) YES NO (If YES, give details on Page 2, Item 24.)
13. Have you ever been discharged from any employment or forced to resign?
 YES NO (If YES, give details on Page 2., Item 24.)
14. Are you available for work (check all that apply)
 Full-time Part-time Shift Work Temp
15. Are you PRESENTLY an employee of the Court? YES NO

16. Have you EVER been employed by the Court? YES NO
 if YES, Dept: _____ From _____ To _____
17. Are you related by blood or marriage to any person presently employed by the Court? YES NO If YES, give name and relationship on Page 2, Item 24.
18. Did you graduate from high school? YES NO.
 If NO, do you have a G.E.D. certificate? YES NO
19. Colleges and Schools after high school. (Attach nonreturnable copies of degrees, certificates or transcripts.)

College or University	Major	Years Attended (From/To)	Did You Graduate?	Total Units or Hours	Degree Rcvd/Year

20. Are you prevented from becoming lawfully employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) YES NO
21. If a license or certificate is a requirement of the position for which you are applying, and you possess the license or certificate, give the following information and attach non-returnable copies of licenses or certificates issued.

Title	Number	Issue Date	Expiration Date
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22. Special Skills (Attach nonreturnable copy of typing certificate, if required.)
 - Typewriter ____ wpm 10-key Adding Machine
 - Bi-lingual (Language: _____)
 - Computer: Word Processing Spreadsheet Database

CONTINUE TO THE SECOND PAGE OF THIS FORM

May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO (Be advised if you become a finalist for the position, we <i>must</i> contact your employer.)			
23. EXPERIENCE. (Use additional sheets if necessary):			
1. Show your jobs in reverse order with the present job first.	2. Use a separate block for each job title (even those with the same employer).	3. Show all employment for the past 10 years.	
4. Account for periods of unemployment in excess of 90 days.	5. Show exact job title and specific duties you performed.		
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
24. Explanation of Items 12, 13, 14 and 17 on the first page of Application. (This section may also be used to show technical or professional organizations to which you belong, or any special awards or accomplishments.) Please Note #12: Conviction will not necessarily disqualify an applicant from employment.			
25. Certificate of Applicant (Read this statement carefully before signing): These answers are true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired. I understand that this application is not a contract of employment. I authorize the Court to make a thorough investigation of my past employment, education and job-related activities. I release from liability all persons, companies and corporations supplying such information. I also indemnify this Court against any liability, which might result from making such investigation. Additionally, I authorize the Court to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or another party, with an interest the Court deems appropriate.		NOTE: Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please notify us if you need an accommodation to complete the application process. A physician's note may be required.	
_____ SIGNATURE		_____ DATE	
26. REFERENCES: (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)			
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone: