



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MENDOCINO**

Mendocino County Courthouse  
Human Resources  
100 North State Street, Room 303  
Ukiah, CA 95482  
(707) 463-4664 FAX (707) 468-3459  
Website: [www.mendocino.courts.ca.gov](http://www.mendocino.courts.ca.gov)

**PLEASE NOTE:**

A separate application is required for each examination.  
Type or print in ink when you mail or drop off your application.  
Incomplete or illegible applications will not be considered.  
Fill in this application on your computer, then print it out.  
Application must be signed.

**EMPLOYMENT APPLICATION**

It is your responsibility to keep the Superior Court of California, County of Mendocino, informed of any change of address or telephone number.

**GENERAL INFORMATION**

Position Applying For:							
Name:	Last:	First:		Middle:			
Mailing Address:	Number and Street/PO Box:			City:	State:	Zip Code	
Telephone Number:	Main Number:	Other Number:		Email Address:			
	( ) -	( ) -					
May we contact your current employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Can you, after employment, submit proof of your legal right to work in the United States?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Are you 18 years of age or over?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Do you have a valid California driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Class:	Number:	
What language(s), other than English, do you speak fluently?							
Read fluently?				Write fluently?			
Indicate types of appointment(s) you will accept:							
<input type="checkbox"/>	Full time regular position (40 hours per week)						
<input type="checkbox"/>	Part time regular position (fewer than 40 hours per week, benefits provided are prorated to hours worked)						
<input type="checkbox"/>	Extra Help (Hourly, On-call, Fill In, non-benefited)						
Have you ever been discharged during probation or resigned under pressure or in unfavorable circumstances?							
	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No	*If yes, explain on additional sheet.		

**EDUCATION**

Did you graduate from high school?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If "NO", what was the highest grade completed:		
	If "NO", did you receive a G.E.D.?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Undergraduate, Business, or Trade School:	Major:	Semester Units		Quarter Units		Degree Type:	
		Completed		Completed		Year Conferred	
Undergraduate, Business, or Trade School:	Major:	Semester Units		Quarter Units		Degree Type:	
		Completed		Completed		Year Conferred	
Undergraduate, Business, or Trade School:	Major:	Semester Units		Quarter Units		Degree Type:	
		Completed		Completed		Year Conferred	

## EXPERIENCE

Please give us enough information to allow for review and evaluation of your work experience. List the positions you have held starting with your most recent job. Include any relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. A resume may be attached but **will not** be accepted in place of this section. **Applications received that do not have the Experience section completed will be rejected as incomplete.**

Dates of Employment		Employer			Address			
	To							
Month/Year		Month/Year	City		State		Zip	
Hours Per Week:	Title of Your Position:		# of employees supervised:	Supervisor's Name and Phone Number:				
				(     )     -				
Type of Work Performed (be specific):								
Reason for Leaving:								
Dates of Employment		Employer			Address			
	To							
Month/Year		Month/Year	City		State		Zip	
Hours Per Week:	Title of Your Position:		# of employees supervised:	Supervisor's Name and Phone Number:				
				(     )     -				
Type of Work Performed (be specific):								
Reason for Leaving:								
Dates of Employment		Employer			Address			
	To							
Month/Year		Month/Year	City		State		Zip	
Hours Per Week:	Title of Your Position:		# of employees supervised:	Supervisor's Name and Phone Number:				
				(     )     -				
Type of Work Performed (be specific):								
Reason for Leaving:								

**REFERENCES**

Give names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills experience and ability. You may use past employers.

Name	Address	Telephone Number	Business/Occupation
		(    )    -	
		(    )    -	
		(    )    -	

**Applicant Certification: PLEASE READ BEFORE SIGNING: I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of facts may be grounds to deny Court employment or for disciplinary action including dismissal after employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE TO APPLICANTS:**

I authorize the Court to investigate my references, work record, education or any other matters relating to my suitability for employment. I authorize my former or current employers and educational institutions to release any information they may have concerning my employment or education, to the Court. I specifically authorize the Court to use my Driver's License information (if required as part of this application) to conduct a driving record check with the Department of Motor Vehicles. I further give the Court the right to secure additional information from any source as necessary including, but not limited to, a criminal history record check. I release any and all sources of information from any liability for providing this information.

- Disabled Veteran. A person entitled to disability compensation under law as administered by the Veteran's Administration for disability rated at 30 percent or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Person with a Disability. A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having an impairment. We wish to accommodate otherwise qualified handicapped applicants.

Please help us comply with the state and federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States governments. This information will be kept separate and confidential and will not be used to make any employment decision.

Check the appropriate box:     Male                       Female                       Non-binary

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> White (not Hispanic Origin): All persons not classified into one of the five specific ethnic minority categories that follow. | <input type="checkbox"/> Black (not Hispanic Origin) All persons having origin in any of the black racial groups. | <input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> Asian or Pacific Islanders other than Filipinos.  | <input type="checkbox"/> Filipino. All persons having origins in the peoples of the Philippine Islands.           | <input type="checkbox"/> American Indian or Alaskan Native.  |