Reset Form / Clear All Fields

The Superior Court of the State of California
County of Kings
Human Resources Division
1426 South Drive
Hanford, California 93230

EMPLOYMENT APPLICATION

The Superior Court of California, County of Kings is an Equal Opportunity Employer. We encourage all persons to file applications with us, as we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, or disability.

(To be filled out by applicant)

Name: _____

SSN: _____ Job#: _____

INSTRUCTIONS TO APPLICANTS

This application is part of the examination process. Before completing this form, please read the minimum qualifications for the job in which you are interested. Your application will not be considered for the position unless you meet these requirements. Print clearly with blue or black ink or type. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep. Notify us promptly of any change of address and/or telephone number.

IF REQUIRED, PLEASE ATTACH A COPY OF YOUR TYPING CERTIFICATE OR WRITING EXAMPLES.

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. RESUME MAY NOT SUBSTITUTE.
Show the exact title as it appears on the job announcement – Separate applications are required for each job.

Job Title		SSN
Last Name	First Name	MI
Street and/or Mailing Address	City	State Zip Code
Home Phone	Alternate Phone (optional)	E-Mail Address (optional)

AVAILABILITY SCHEDULE: Indicate the types of appointment you are willing to accept:
☐ Full time ☐ Part time ☐ Temporary (no benefits)

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No License # _____ State: _____ Expiration: _____

Do you have relative(s) working at any Kings County Superior Court(s)? ☐ Yes ☐ No
If yes, name of employee: _____ Relationship: _____

PENDING CASES AND CONVICTIONS

Do you have any pending Civil, Criminal/Misdemeanor or Traffic cases in a Superior Court in the State of California? ☐ Yes ☐ No
As an adult, have you ever been convicted of a felony or misdemeanor offense? ☐ Yes ☐ No
Failure to disclose any convictions or providing false or misleading statements of material facts will automatically remove applicant from this interview process. If yes, complete details below.
Please note that conviction is not an automatic bar to employment. Each case is considered individually.

Offenses	Places/Court Jurisdiction	Dates	Penalties

EDUCATION: High School Attended: _____ City/State: _____

Highest Grade Completed _____ ☐ High School Diploma ☐ G.E.D. ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ Ph.D./J.D./LL.B

COLLEGE/UNIVERSITY/ BUSINESS SCHOOL	DATES ATTENDED	MAJOR	NUMBER OF UNITS	DATES OF DEGREE(S)

Law School: **Bar Member Number:**

Other Related Training	Agency Providing Training	Certificates Awarded	Number of Training Hours

Human Resources Use Only

Acc	Not Acc	Acc	Not Acc	Background Check	LiveScan	Drug Screen	Ref Ck	DOB	Rate	Step	Start Date

Office Skills

WHAT OFFICE EQUIPMENT AND SOFTWARE CAN YOU OPERATE?

☐ Word Processing* ☐ Software Application*

☐ Data Entry Equipment* ☐ Adding Machine

☐ Transcribing Equipment ☐ Personal Computer*

CSR Speed _____

*Please list machines/software you're proficient at:

_____

_____

_____

Languages: Other than English, list languages in which you are proficient:

Verbal Skills:_____ Written Skills: _____

THIS SECTION MUST BE COMPLETED. DO NOT ATTACH A RESUME IN LIEU OF COMPLETING THIS SECTION.

If you need more space for your job record, use the same format on plain white paper.

EXPERIENCE: Beginning with your most recent experience, list all experience gained in the last ten (10) years, including periods of self employment and military service. Give full details which, in your opinion, is related to the job for which you are applying. List any volunteer experience which you believe has enhanced your qualifications. For full consideration, you must provide all information requested about your qualifications and work record.

Mo./Yr. to Mo./Yr.	Name and Address of Employer	Title of Your Position	Name and Phone No. of Supervisor
Hours Per Week	Duties:		
Salary/Mo. $			
Reason for Leaving:			
Mo./Yr. to Mo./Yr.	Name and Address of Employer	Title of Your Position	Name and Phone No. of Supervisor
Hours Per Week	Duties:		
Salary/Mo. $			
Reason for Leaving:			
Mo./Yr. to Mo./Yr.	Name and Address of Employer	Title of Your Position	Name and Phone No. of Supervisor
Hours Per Week	Duties:		
Salary/Mo. $			
Reason for Leaving:			
Mo./Yr. to Mo./Yr.	Name and Address of Employer	Title of Your Position	Name and Phone No. of Supervisor
Hours Per Week	Duties:		
Salary/Mo. $			
Reason for Leaving:			

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS THERETO ARE TRUE IN ALL RESPECTS. I UNDERSTAND AND AGREE THAT MISSTATEMENTS OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I GRANT PERMISSION FOR THE COURT TO VERIFY ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND MY CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS I AM BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS. I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE COURT HUMAN RESOURCES DIVISION NO LATER THAN 5:00 P.M. ON THE FINAL FILING DATE. POSTMARKS WILL NOT BE ACCEPTED. I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH THE COURT I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS TEST, AND/OR PARTICIPATE IN ORAL INTERVIEW(S). IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TEST, I WILL SO INFORM THE COURT PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUESTED ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. THE COURT RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE COURT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED MEDICAL REVIEW/EXAMINATION WHICH WILL INCLUDE DRUG TESTING AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IN ACCORDANCE WITH THE IMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA). A BACKGROUND INVESTIGATION, INCLUDING FINGERPRINTING, WILL BE REQUIRED FOR SOME POSITIONS. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE COURT DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE HUMAN RESOURCES DIVISION COMPLETE A PERSONNEL ACTION NOTICE APPOINTING ME TO A POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY THE COURT.

SIGNATURE: _____ **DATE:** _____

IF YOU FEEL YOU HAVE NEED FOR SPECIAL TESTING AND INTERVIEW ARRANGEMENTS DUE TO A DISABILITY, CALL THE HUMAN RESOURCES DIVISION OFFICE AT (559) 582-1010, EXT. 5020.

AUTHORIZATION TO RELEASE PERSONNEL INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

I,_____ , hereby authorize my former and/or current employers listed below, by and through their agents and representatives, to release to the Superior Court of California, County of Kings any and all records and other information maintained in its custody and control and which regard any and all aspects of my employment relationship and history with them. I also understand the nature of the position I have applied for and I agree to authorize the Court Executive Office to perform a criminal and traffic records check on me. I understand and acknowledge that this authorization will permit positive as well as negative information to be released to the person/entity described above and the release of negative information may adversely impact my being hired by the same. Therefore, I release the employers listed below and The Superior Court of California, County of Kings and their agents, representatives and attorneys from any and all liability for any detriment suffered by me as a result of release of the above records and other information. A copy or facsimile is in full force and binding as the original.

	Current	Previous
Employer: _____ Address: _____ Phone#: _____ Supervisor: _____ Dates of employment: _____	☐	☐
Employer: _____ Address: _____ Phone#: _____ Supervisor: _____ Dates of employment: _____	☐	☐
Employer: _____ Address: _____ Phone#: _____ Supervisor: _____ Dates of employment: _____	☐	☐
Employer: _____ Address: _____ Phone#: _____ Supervisor: _____ Dates of employment: _____	☐	☐

☐ ***By checking this box, I DO NOT authorize the Superior Court of California, County of Kings to contact my current employer(s) regarding my employment record.***

_____ _____

DATE APPLICANT'S SIGNATURE

VOLUNTARY SUPPLEMENTAL QUESTIONAIRE

Please complete this form for statistical purposes. It will be detached from your application and the information will not be used to make any employment decision which affects you.

Position applied for: _____

Date: _____

Sex: ☐ Female ☐ Male

Age Group: ☐ Under 40 ☐ 40 or over

Veteran: ☐

Ethnic Origin (Please check one)

All of the following is optional:

- ☐ White (Includes Indo-European, Pakistani, East Indian)
- ☐ Black (Includes African, Jamaican, Trinadian, and West Indian)
- ☐ Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
- ☐ Asian or Pacific Islander (Includes Japanese, Chinese, Korean or Vietnamese)
- ☐ American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association)
- ☐ Filipino
- ☐ Other: _____

Advertising Effectiveness Survey

How did you hear about this position? (Check all boxes that apply.)

- ☐ Job bulletin posted at _____
- ☐ Court employee/friend
- ☐ Visit to Court Human Resources
- ☐ Telephone call to the Court
- ☐ Internet
- ☐ From agency/department engaged in this work
- ☐ Superior Court job recording
- ☐ Newspaper/Magazine: Which? _____
- ☐ Other: Specify _____