



**EDUCATION AND TRAINING – A copy of degree, license or certificate must accompany application if required on job announcement.**

Do you have a High School Diploma or G.E.D. certificate?  Yes  No If no, check the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Names of Colleges/Universities Attended and locations	Course of Study/Major	Semester Units	Quarter Units	Type of Degree

Professional Licenses or Certificates, if required	Issuing Agency	Serial No. or Identification No.	Date Issued	Expiration Date

**EMPLOYMENT HISTORY**

Give complete information for jobs held during the past 10 years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. May we contact your present employer?  Yes  No

**EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW.**

Dates From:	Employer's Name & Address	Title:	
		Reason for Leaving:	
To:		Duties:	
Total Yrs/Mo.:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>			
Number of persons supervised:	Supervisor:		
	Phone:		
Dates From:	Employer's Name & Address	Title:	
		Reason for Leaving:	
To:		Duties:	
Total Yrs/Mo.:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>			
Number of persons supervised:	Supervisor:		
	Phone:		
Dates From:	Employer's Name & Address	Title:	
		Reason for Leaving:	
To:		Duties:	
Total Yrs/Mo.:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>			
Number of persons supervised:	Supervisor:		
	Phone:		

Remarks:

# YUBA COUNTY SUPERIOR COURT RECRUITMENT QUESTIONNAIRE

All applicants are asked to voluntarily provide the following information. This section will be detached from your application prior to review and will be kept separately. All information provided is strictly confidential.

NAME OF POSITION APPLIED FOR: \_\_\_\_\_

- A. Do you (1) have a physical or mental impairment which substantially limits one or more of your major life activities; i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; (2) have a record of such impairment, or (3) are regarded as having such impairment?  Yes  No
- B. Will the above disability limit your ability to compete in the examination and/or perform the job applied for?  Yes  No  
Please specify the disability if you answered "yes": \_\_\_\_\_

**GENDER:**

Male  Female

**YOUR AGE GROUP:**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 40-49      |
| <input type="checkbox"/> 21-29    | <input type="checkbox"/> 50-59      |
| <input type="checkbox"/> 30-39    | <input type="checkbox"/> 60 or over |

**RACE/ETHNIC IDENTIFICATION:** (Check one)

- WHITE (Not of Hispanic origin)
- BLACK (Not of Hispanic origin)
- HISPANIC
- ASIAN OR PACIFIC ISLANDERS.
- AMERICAN INDIAN OR ALASKAN NATIVE
- OTHER  
Specify: \_\_\_\_\_

**RECRUITMENT:**

Please indicate how you became aware of this job opportunity:

**WORD OF MOUTH**

- Court employee  
 Relative or friend

**ADVERTISEMENT**

- Newspaper (specify): \_\_\_\_\_
- Radio
- Television
- Trade or Professional Journal
- Community Organization: \_\_\_\_\_

**BULLETIN BOARDS**

- Court Human Resources Office
- County Human Resources Office
- State Employment Office (EDD)
- Internet
- Other (specify): \_\_\_\_\_

**PUBLIC ORGANIZATION CONTRACTS**

- Human Resources Job Line
- State Employment Office
- County Department Office
- Other (specify): \_\_\_\_\_