

**TRINITY SUPERIOR COURT  
APPLICATION FOR EMPLOYMENT**

Superior Court Administration Office  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093  
Phone: (530) 623-1369 Fax: (530) 623-8397

<b>PERSONNEL USE ONLY</b>
---------------------------

**DIRECTIONS:**

- Please complete all portions of this application
- Print in ink or type
- Complete one application for each position you are applying for
- Sign the application after it is completed and submit it to the Court Administration Office
- Incomplete or illegible applications will not be accepted
- Resumes will not be accepted in lieu of the completed application form

**I. TITLE OF POSITION FOR WHICH YOU ARE APPLYING**

---

**II. PERSONAL INFORMATION**

Last Name: _____	First Name: _____	Middle Initial: _____
------------------	-------------------	-----------------------

Phone Number: \_\_\_\_\_

(Home) (Cell)

Mailing Address: \_\_\_\_\_

PO Box or Street Address

City _____	State _____	Zip _____
------------	-------------	-----------

Driver's License: \_\_\_\_\_

State _____	Number _____	Class _____
-------------	--------------	-------------

Type(s) of work you are seeking: Full Time  Part Time  Temporary   
(Check all that apply)

**III. EDUCATION AND TRAINING**

School	Name & Location	Major Course of Study	Units Completed	Degree Received
College				
Business/Trade or Technical		Course Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High School		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High School Equivalency		Certificate Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**IV. CERTIFICATES AND LICENSES**

Name of License or Certificate	Date of Issue	Expires

**V. OFFICE EQUIPMENT, COMPUTERS, AND SOFTWARE**

List any office equipment, computers, or software you can operate:


**VI. EMPLOYMENT HISTORY**

Company: \_\_\_\_\_ Phone or Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employed (month and year): From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? Yes  No

---

Company: \_\_\_\_\_ Phone or Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employed (month and year): From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? Yes  No

---

Company: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed (month and year): From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? Yes  No

---

Company: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed (month and year): From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? Yes  No

---

Company: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed (month and year): From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? Yes  No

---

**VII. GENERAL INFORMATION**

Have you ever worked for the County of Trinity or Trinity Superior Court before? Yes  No

If you checked the "Yes" box, please fill in the following:

Position held: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Have you ever worked for the County of Trinity or Trinity Superior Court under a different name? Yes  No

If you checked the "Yes" box, under what name(s) have you worked? \_\_\_\_\_

---

Do you have any relatives by blood or marriage who are currently employed by the Court? Yes  No

If you checked the "Yes" box, please state the name and departments of those relatives:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

---

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (Conviction is not an automatic bar from employment. Each case is considered individually relevant to the position for which you are applying.)

Yes  No

If you checked the "Yes" box, please explain providing the charge, date, location, and action taken against you:

\_\_\_\_\_  
\_\_\_\_\_

---

#### **VIII. SIGNATURE**

I hereby certify that all statements made in this Application for Employment are true and complete.

I agree and understand that any misstatement or omission of fact on this application may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process.

I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

I give the Trinity Superior Court and its agents permission to verify any information given.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

---

All new employees are required to sign various forms related to employment with the Trinity Superior Court. If made a conditional offer of employment, you will be required to show proof of citizenship or eligibility to work in the United States as required by the I.N.S.

The information you provide on this application form will be used only in connection with this examination and will enable the Trinity Superior Court to determine if you meet the minimum requirements for the position. Further, information contained in your application may be considered when rating your qualification during the exam process.

**IF SELECTED FOR AN INTERVIEW OR TESTING AND YOU REQUIRE SPECIAL ACCOMMODATION(S) DUE TO A DISABILITY, PLEASE CONTACT THE TRINITY SUPERIOR COURT PRIOR TO THE TEST OR INTERVIEW DATE IN ORDER FOR ARRANGEMENTS TO BE MADE.**

**TRINITY SUPERIOR COURT  
VOLUNTARY QUESTIONNAIRE**

Trinity Superior Court is committed to providing Equal Employment Opportunity in all personnel practices. In order to further this commitment, applicants are requested to voluntarily provide the following information which will be detached from the application and used for research purposes only.

1. **Title of position for which you are applying:**

\_\_\_\_\_

2. **Date:** \_\_\_\_\_

3. **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

4. **Gender:**  Female  Male

5. **If you have a disability or record of impairment, please indicate your disability below:**

Visual Impairment

Hearing Impairment

Physical Impairment

Speech Impairment

Developmental

Mental Disability

Other (please specify): \_\_\_\_\_

6. **Ethnic Category (check all that apply)**

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Other (please specify): \_\_\_\_\_

7. **How did you learn about this position? (check all that apply)**

Friend or relative

Court or County employee

Court Administration Office

Newspaper

Social Media

Court Website

Other (please specify): \_\_\_\_\_

AUTHORIZATION TO INVESTIGATE REFERENCES  
AND BACKGROUND

PLEASE READ CAREFULLY. INITIAL EACH PARAGRAPH AND SIGN BELOW.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Trinity Superior Court to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose my work records, without giving me prior notice of such disclosure. In addition, I hereby release Trinity Superior Court, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

{California Civil Code § 1786.53}

I am aware that Trinity Superior Court may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment assignment, and/or promotion as well as conducting investigations into possible misconduct.

(Check one box only)

I hereby elect to receive any public records which may be obtained by Trinity Superior Court for employment purposes under Civil Code § 1786.53.

I hereby elect **not** to receive any public records which may be obtained by Trinity Superior Court for employment purposes under Civil Code § 1786.53.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## VETERANS' PREFERENCE PROGRAM INFORMATIONAL SHEET & APPLICATION SUPPLEMENT

By law, veterans who are disabled or who served on active duty in the Armed Forces during certain specified time periods or in military campaigns are entitled to preference over non-veterans both in hiring from competitive lists of eligibles and in retention during reductions in force.

To be entitled to preference, a veteran must meet the eligibility requirements in section 2108 of title 5, United States Code:

- An honorable or general discharge is necessary.
- Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference unless they are disabled veterans.
- Guard and Reserve active duty for training purposes does not qualify for preference.

### **5-Point Preference**

Five points are added to the passing examination score or rating of a veteran who served:

- During a war; or
- During the period April 28, 1952 through July 1, 1955; or
- For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or
- During the Gulf War from August 2, 1990, through January 2, 1992; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- In a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti, qualifies for preference.

### **10-Point Preference**

Ten points are added to the passing examination score of:

- A veteran who served any time and who (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs. Individuals who received a Purple Heart qualify as disabled veterans.
- An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and
- A parent of a veteran who died in service or who is permanently and totally disabled.

Applicants must submit a copy of a discharge (DD-214-Member 4 if applicable) with the application on or before the final filing date for the recruitment. Those claiming disability credits must submit the Veterans' Administration claim number on or before the application deadline.

Trinity Superior Court cannot process preference points unless the form is complete.

## VETERANS' APPLICATION SUPPLEMENT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Regular Credit       Disability Credit

Position Applied for: \_\_\_\_\_

NOTE: (1) This form will not be accepted if it is not fully completed or if it is submitted after the final filing date; (2) When you submit this form with your application, include a copy of your DD-214 and your VA Claim Number for disability credit.

I qualify because I meet the following criteria: (CHECK THE APPROPRIATE SPACES TO ACKNOWLEDGE YOU MEET THE REQUIRED CRITERIA) For "Regular Credit" all of items 1 through 5 must be checked. For "Disability Credit" all of items 4 through 7 must be checked.

- \_\_\_\_ 1. I served in the military service during one of the qualifying periods listed on the attached application supplement.
- \_\_\_\_ 2. I served for 180 days or more (for other than veterans who were assigned to reserve units and disabled veterans).
- \_\_\_\_ 3. I received other than a dishonorable discharge.
- \_\_\_\_ 4. I did not retire from military service.
- \_\_\_\_ 5. I am unemployed or underemployed.
- \_\_\_\_ 6. I am claiming disability credit and proof of my service-connected disability is attached.
- \_\_\_\_ 7. My VA Claim Number is \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_