



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MODOC  
EMPLOYMENT APPLICATION**

Human Resources Division

205 S. East Street

Alturas, CA 96101

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**HUMAN RESOURCES USE ONLY**

- Qualified     Best Qualified  
 Not Qualified  
 Experience  
 Education  
 License/Certificates  


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 Not Eligible  
 Received Late  
 No Required Forms

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

- Applicants are required to complete a Modoc Superior Court Application. A resume will NOT be accepted in place of a completed application.
- Type or print in ink.
- The information you provide in this application will be used to verify and evaluate your job qualifications. An incomplete application or inaccurate information may disqualify you.

Last Name	First Name	Middle Name
Previous Names: List any previous names under which you have worked, gone to school or served in the Armed Services		
Address	City	State
		Zip Code
Home Phone (    ) _____	Work (    ) _____	

1. **HAVE YOU AS AN ADULT EVER BEEN, IN ANY COURT OF LAW OR MILITARY COURT, CONVICTED OF A CRIME?** Do not include juvenile offenses if record has been subsequently sealed by court order. Please be advised that Court employees shall be fingerprinted and a record check will be conducted to verify your answer. A conviction record will not automatically disqualify you, each case is considered on its merits. (    ) YES (    ) NO

**ARE YOU CURRENTLY ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRIAL FOR A CRIMINAL OFFENSE?**  
(    ) YES (    ) NO

If YES, to either of the above, give date, location, nature of offense, and if convicted the sentence. Use additional paper if necessary.

DATE	LOCATION	NATURE OF OFFENSE	SENTENCE

2. **HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT?** If YES, please attach explanation on a separate piece of paper and include employers' names and dates of employment. (    ) YES (    ) NO

3. **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE COURT OR COUNTY OF MODOC?**  
(    ) YES (    ) NO

4. **ARE YOU FLUENT IN ANY LANGUAGE IN ADDITION TO ENGLISH?** If YES, please indicate your skills.  
(    ) YES (    ) NO

Language \_\_\_\_\_ (    ) Speak (    ) Write (    ) Read (    ) Understand

5. **DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COURT?** There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband or Child. Each case is considered separately for potential conflict of interest.  
(    ) YES (    ) NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**6. LICENSES, CERTIFICATES AND SPECIAL TRAINING (STATE, PROFESSIONAL, TRADE, ETC. WHICH ARE REQUIRED BY THIS POSITION OR WHICH MAY HELP YOU QUALIFY); INCLUDE DRIVER'S LICENSE:**

Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_  
 Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_  
 Description: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

**7. EDUCATION: High School Diploma: ( ) YES ( ) NO ( ) G.E.D. CERTIFICATE**

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED: COURSE OF STUDY MAJOR DEGREES, CERTIFICATES, UNITS, Please include dates of completion

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**EXPERIENCE** - Please account for all employment within the **last fifteen years**, beginning with your current or most recent position. **IF NECESSARY, PLEASE USE ADDITIONAL WORK EXPERIENCE ADDENDUM FORM.** In addition, please indicate any other experience that you think is relevant to the position for which you are applying (e.g., volunteer experience). RESUMES ARE WELCOME, BUT ARE **NOT ACCEPTABLE AS A REPLACEMENT FOR THIS APPLICATION.** Complete all requested information fully.

Name of Employer:	Employer Address:
Dates Employed From: _____ To: _____	Position Title:
Hours per week: _____ Monthly salary: _____	Description of Duties:
Reason for Leaving:	
Number of persons you supervised:	
Name of Supervisor:	
Phone: ( ) _____	
May we contact this employer? ( ) YES ( ) NO	

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Hours per week: _____ Monthly salary: _____	Description of Duties:
Reason for Leaving:	
Number of persons you supervised:	
Name of Supervisor:	
Phone: ( ) _____	
May we contact this employer? ( ) YES ( ) NO	

In accordance with the Immigration and Control Act of 1986, employment of persons hired by the Superior Court will be contingent upon presentation by the employee of acceptable documents verifying identity and authorization for employment in the United States.

I understand the Court will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer, if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. My signature affirms that all information on this application and attachments is true, complete and correct to the best of my knowledge. I understand that falsification of information may lead to the removal of my name from the eligibility list or termination from employment.

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



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MODOC**

**EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE**

Your voluntary answers to this section will provide statistics needed for the Modoc County Superior Court to evaluate its recruitment program as well as prepare statistical reports required by Federal and State agencies. This form will be detached from the employment application. The information contained on this form will be confidential and will NOT be used to make a decision about your employment.

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**POSITION APPLIED FOR:** \_\_\_\_\_

**FEMALE**       **MALE**

**ETHNIC GROUP – PLEASE CHECK ONE WHICH BEST IDENTIFIES YOU:**

- WHITE (not of Hispanic origin):** All persons not classified into one of five specific ethnic categories that follow.
  - ASIAN or PACIFIC ISLANDER (other than Filipinos):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
  - BLACK (not of Hispanic origin):** All persons having origin in any of the black racial groups.
  - FILIPINO:** All persons having origins in the peoples of the Philippine Islands.
  - HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America.
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**HOW DID YOU FIND OUT ABOUT THIS JOB? (CHECK ONE OR MORE)**

- WEBSITE** \_\_\_\_\_
- NEWSPAPER** \_\_\_\_\_
- COURT OR COUNTY EMPLOYEE**                       **FRIEND OR RELATIVE**
- POSTING AT COURTHOUSE**
- OTHER:** \_\_\_\_\_