**SAN DIEGO SUPERIOR COURT**

**Supplemental Application Form**

**COURT INVESTIGATOR**

**Examination No. 14-001**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME:** | |  | | | | **FIRST NAME:** | | | |  | | | | |
| **SOCIAL SECURITY NUMBER:** | | | | |  | | **--** |  | | | | | **--** |  |
| **STREET ADDRESS:** | | | |  | | | | | | | | | | |
| **CITY:** |  | | | | | **STATE:** | | |  | | | **ZIP:** | |  |
| **HOME PHONE:** | | | ( ) | | | **WORK PHONE:** | | | | | ( ) | | | |

**\*\*\* PLEASE READ \*\*\***

Before completing this supplemental application, please review the job announcement to become familiar with the specific requirements for this position and to determine what additional application materials are required.

The information you provide on the supplemental application will be used to determine/ evaluate your eligibility to compete in the selection process. Please complete carefully and entirely. **Incomplete or illegible forms may be the basis for disqualification, so please provide complete and legible information.** Wherever specific information is requested, it must be stated. Please do not make statements such as “Refer to résumé or application.”

Those sections which are not applicable to your particular qualifications should be marked “N/A” to indicate that they have not been overlooked.

If you need more space, please attach additional sheets, numbering them accordingly. Please print or type your name, your Social Security number, and the examination number on each additional sheet.

If you have any questions, please contact Human Resources at 619-450-7230 or [courthr@sdcourt.ca.gov](mailto:courthr@sdcourt.ca.gov).

**SECTION 1 (Interviewing Skills)**

Do you have experience conducting on-site interviews for the purpose of fact finding and obtaining sensitive information?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES |  | NO | If yes, please complete the requested information. |

|  |  |  |
| --- | --- | --- |
| **Name of employer/agency** | **Specify types of clients interviewed** | **Purpose of on-site visits** |
|  |  |  |
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**SECTION 2 (Assessment Skills)**

Do you have experience working with and assessing the needs of persons with mental, physical and/or emotional impairments, including the elderly and/or disabled individuals?

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| --- | --- | --- | --- | --- |
|  | YES |  | NO | If yes, please complete the requested information. |

|  |  |  |
| --- | --- | --- |
| **Name of employer/agency** | **Specify types of clients assessed** | **Nature of work performed** |
|  |  |  |
|  |  |  |
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**SECTION 3 (Report Writing)**

Do you have experience collecting and analyzing facts and preparing written reports?

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| --- | --- | --- | --- | --- |
|  | YES |  | NO | If yes, please complete the requested information. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer/agency** | **Description and purpose of reports** | **To whom and how frequent** | **Resources used to prepare reports** |
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**SECTION 4 (Judicial Interaction)**

Do you have experience in which you were required to interact with the judicial system?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES |  | NO | If yes, please complete the requested information. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer/agency** | **Nature/purpose of interaction with judicial system** | **Interacted with whom** | **Frequency of interaction** |
|  |  |  |  |
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**SECTION 5 (Code Interpretation)**

Do you have experience with the application of relevant California codes related to probate and/or conservatorship/guardianship proceedings?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES |  | NO | If yes, please complete the requested information. |

|  |  |  |
| --- | --- | --- |
| **Name of employer/agency** | **Applicable code section** | **Nature of work performed** |
|  |  |  |
|  |  |  |
|  |  |  |

I certify that all of the information provided above is true and accurate. I understand that falsified information may form the basis for my disqualification.

|  |  |  |
| --- | --- | --- |
|  | | |
| Applicant's Signature |  | Date |