

# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101

(To be date stamped upon receipt)

## STUDENT WORKER EMPLOYMENT APPLICATION

**Mailing Address:**  
**San Diego Superior Court**  
**Attention: Human Resources**  
**P.O. Box 120128**  
**San Diego, CA 92112-0128**  
**(619) 450-7230**

**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**

Type or print clearly. Completely fill out application form, sign and date on the back.

Social Security Number _____		
Last Name _____	First Name _____	Middle Initial _____
Street Address _____		
City _____	State _____	Zip Code _____
Phone Number Until 4:30 P.M. (____) _____	Phone Number After 4:30 P.M. (____) _____	
Name of School/College _____		
Year in School (circle one)	Fr.	Soph.
	Jr.	Sr.
	Grad.	
When does your semester/quarter begin? _____		
Major _____		
Minor _____		
Type of work desired:	Rank the following in order of your preference:	
Rank		
_____	Pretrial Services	
_____	Clerical/Office Support	
_____	Stores/Supplies	
_____	Children's Waiting Room	

Circle desired location:

**SOUTH COUNTY**    **EAST COUNTY**    **NORTH COUNTY**    **DOWNTOWN**    **KEARNY MESA**  
 • Chula Vista    • El Cajon    • Vista    • San Diego

Circle desired time(s) and day(s):

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
8:00 a.m. - 12:00 p.m.	8:00 a.m. - 12:00 p.m.	8:00 a.m. - 12:00 p.m.	8:00 a.m. - 12:00 p.m.	8:00 a.m. - 12:00 p.m.
12:00 p.m. - 5:00 p.m.	12:00 p.m. - 5:00 p.m.	12:00 p.m. - 5:00 p.m.	12:00 p.m. - 5:00 p.m.	12:00 p.m. - 5:00 p.m.

SDSC ADM-077 (Rev. 7/08)

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Social Security #: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Ethnic code \_\_\_\_\_ Disability code \_\_\_\_\_

**ETHNIC CODES**

- 1 **BLACK:** All persons having origins in any of the original Black racial groups of Africa.
- 2 **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3 **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- 4 **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural affiliation or community recognition.
- 5 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 **WHITE (not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**DISABILITY CODES**

- V **VISUAL:** Legally blind in one or both eyes or restricted in the visual field to 20 degrees.
- H **HEARING:** Total deafness or inability to hear normal conversation and/or use a telephone without the aid of an assistance device.
- S **SPEECH:** Speech impairments when speech is unintelligible in normal conversation.
- P **PHYSICAL:** Orthopedic impairments, amputations, or functional limitations if there is a significant impairment in one or more extremities; or impairment of the trunk, back, spine when there is a medically diagnosed disability which substantially limits one or more major life activities.
- D **DEVELOPMENTAL DISABILITIES:** Persons who meet the legal definition or have been identified as developmentally disabled, include autism, cerebral palsy, epilepsy, retardation, and other neurological impairments.
- M **MENTAL:** Mental or emotional disorder, including drug addiction and alcoholism.
- N **NONE:** Not disabled.

## SPECIAL SKILLS

School/Organization Name	Experience/Training
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

## REFERENCES

Organization	Contact	Phone Number
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**Attention Students:** You must be **FULL-TIME** as determined by the guidelines of the San Diego Superior Court. It is **YOUR** responsibility to take the attached form (**STUDENT UNIT LOAD VERIFICATION**) to your educational institution to verify your full-time status. This form must be signed and dated. Otherwise, this application is considered incomplete and will not be accepted by the court. In addition to the Student Unit Load Verification form an **OFFICIAL TRANSCRIPT is required**. Student status will be verified periodically to determine continued employment eligibility as a student worker. Less than full-time status will disqualify you, and consequently result in termination of your employment with the Superior Court. Your salary as a student worker is based on the number of units you have completed. Once hired, it is your responsibility to keep the court informed of any changes in your unit load or accumulated completed units.

### CONSENT TO RELEASE OF INFORMATION

I consent to release of information for use in determining my eligibility, qualifications and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations to authorized employees of the San Diego Superior Court. I release you, your organization, current or previous employers or others from liability or damage which may result from furnishing the requested information.

**CERTIFICATE OF APPLICANT:** I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that false statements of material facts or omission of facts regarding my background or relevant employment history may subject me to disqualification or dismissal.

Date: [REDACTED]

\_\_\_\_\_  
Signature (in ink)