



WASHINGTON
COURTS

Administrative Office of the Courts Court of Appeals

APPLICATION FOR EMPLOYMENT

All sections of the application must be complete and legible.

Job (Recruitment) Number	Position Applying For	Application Date
Name (Last Name, First Name, and Middle Name)		
Street Address	City and State	Zip Code
Telephone Number(s)		
Home:	Work:	Alternate:
E-mail Address (E-mail is our preferred method of communicating with applicants): <input type="checkbox"/> I do not have an e-mail address		

How Did You Learn About The Position?

Newspaper:
 AOC Website (Courts.wa.gov)
 NCSC.org
 WSBA.org
 Friend:

Careers.wa.gov
 WorkSource
 Other Website:
 Other Source:

High School Graduation or GED <input type="checkbox"/> YES <input type="checkbox"/> NO											
	College/University				Post-Graduate				Other		
School Name/Location											
Years Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>			
Year of Graduation											
Describe Degree Earned and Course of Study											
Describe any specialized training, certifications, apprenticeship, skills, etc.											

EMPLOYMENT HISTORY

Start with present/most recent position. ALL sections of the Employment History section must be completed, and relevant experience to the position applied for must be on the application.

Employer Name		City/State
Job Title	Supervisor Name and Contact Information	
Dates Employed:	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Time Employed		
Regular Duties and Responsibilities		

Employer Name		City/State
Job Title	Supervisor Name and Contact Information	
Dates Employed:	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Time Employed		
Regular Duties and Responsibilities		

Employer Name		City/State
Job Title	Supervisor Name and Contact Information	
Dates Employed:	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Time Employed		
Regular Duties and Responsibilities		

Employer Name		City/State
Job Title	Supervisor Name and Contact Information	
Dates Employed:	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Time Employed		
Regular Duties and Responsibilities		

List any professional organizations you belong to. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.

Give name, address, and telephone number of three professional references who are not related to you and are not previous supervisors/managers. (Personal references can be added here, in addition to professional references).

- 1.
- 2.
- 3.

I hereby certify that this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application could be rejected and, if employed, my employment terminated.

Signature _____ Date _____

Special Note for Administrative Office of the Courts positions:

All offers of employment are contingent upon the results of a background check which includes obtaining criminal history information through the Washington State Patrol. Information from the background check will not necessarily preclude employment with the AOC; but will be considered in determining the applicant's suitability and competence to perform in the job.

Revised 2/2021



APPLICANT PROFILE DATA FORM

This information will be treated as confidential and will be used only in accordance with AOC's equal opportunity efforts. Providing such information about yourself is voluntary (see Definitions on next page).

Name:

Position Title and Job Number:

Male Female

Are you a person with a disability? Yes No

What race or culture do you consider yourself?

American Indian or Alaskan Native

Hispanic or Latino

Asian

Native Hawaiian or Other Pacific Islander

Black/African-American

White/Caucasian

Veterans Information – Military credit is given to veterans who meet state qualifications, their spouses or registered domestic partner. *Note: To qualify and receive military credit, you may be asked to provide a copy of your record of discharge, DD214 or NGB Form 22 or alternate verification of military service with your application.*

Are you a US Veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

Are you entitled to compensation under laws administered by the US Department of Veterans Affairs (USDVA) for disability?

Please check appropriate box:

Yes, have a service disability of 30 percent or more.

Yes, I have a service disability rated at 10 or 20 percent as determined by the USDVA, which has resulted in a serious employment handicap and I can provide a letter from the USDVA confirming this status.

Yes, I was discharged or released from active duty for a disability incurred or aggravated in the line of duty.

No, I am not entitled to compensation as stated.

Are you the spouse or registered domestic partner of an honorably discharged deceased veteran, OR are you the spouse or registered domestic partner of an honorably discharged 100% service disability veteran? Yes No

DEFINITIONS

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains a tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black/African American – A person having origins in any of the Black racial groups of Africa.

Hispanic – A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Persons with a Disability – For affirmative action data reporting purposes, people with disabilities are persons with a permanent, physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as: mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Special Disabled Veteran – A person who is entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability (a) rated at 30 percent or more, (b) rated 10 or 20 percent in the case of a veteran who has been determined by the U.S. Department of Veterans Affairs to have a serious employment handicap or (c) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the U.S. Department of Veterans Affairs confirming handicap status as it relates to item (b). **Vietnam-Era Veteran** – A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. *Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

Vietnam-Era Veteran – A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. *Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

White/Caucasian – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.