

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.

PRINT OR TYPE-PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER - -
MAILING ADDRESS (Number)	(Street)		WORK TELEPHONE NUMBER () -
(City)	(County)	(State)	HOME TELEPHONE NUMBER () -
(Zip Code)			

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING	PERSONNEL USE ONLY

FOR SPOT EXAMINATIONS, ENTER THE LOCATION WHERE YOU WISH TO WORK

ANSWER THE FOLLOWING QUESTIONS: (Answer questions 8, 9, 10, and/or 11 only if the examination indicates they are required.)

1. Enter the county in which you would like to take the
If different than your residence: _____ YES NO
 2. Do you need reasonable accommodation to take an interview or written test? _____ YES NO
 3. Do your religious beliefs prevent you from taking an examination on Saturday? _____ YES NO
 4. Are you now employed by the State of California? (If "YES", fill in the information below.)
Department: _____ SubDivision: _____ YES NO
 5. Have you ever: (If "YES", give details in Item 12 and refer to the Instructions for further details.)
 - a. Been dismissed or fired from a position for any reason? _____ YES NO
 - b. Resigned from or quit a position while under investigation or after being informed
discipline would be taken against you, or during an appeal from a disciplinary action? _____ YES NO
 - c. Been rejected or told you would not receive permanent or continued employment during any type of
probationary or trial period on the job? _____ YES NO
 6. In addition to English, list any other languages you speak, read, or write fluently: _____
 7. I certify I can type at a speed of _____ words per minute. (For typing applicants only.)
- (Answer Questions 8,9, 10, and/or 11 ONLY if the examination indicates they are required.)**
8. Do you meet the minimum and/or maximum age requirements? _____ YES NO
 9. Do you possess a valid California Driver License? (If "Yes", fill in the information below.)
License # _____ Class: _____ Restrictions: _____ YES NO
 10. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? _____ YES NO
 11. Have you ever been convicted by any court of a felony? _____ YES NO

12. EXPLANATIONS

CERTIFICATION—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT'S SIGNATURE 	DATE SIGNED
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APPLICANTS—DO NOT USE THIS SPACE BELOW—FOR PERSONNEL USE ONLY

Classes	01	02	03	04	05	06								FOR PERSONNEL USE ONLY			
WC for Series														Flags _____	WC _____	STATUS <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED WC __	
RC/Flag for Series																EXPERIENCE	LICENSE REQUIREMENT
																EDUCATION	OTHER
CODES																STAFF	DATE PROCESSED

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13. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED		
UNIVERSITY OR COLLEGE - NAME AND LOCATION BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

14. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT. (If you are an attorney, please include first Bar date with license information if the examination announcement requires it.)

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED TO THE BAR	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

15. EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED	ADDRESS	
\$	PER	
DUTIES PERFORMED		

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)
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15. EMPLOYMENT HISTORY (Continued)

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**EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)**

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER

- -

AGE (1) UNDER 21 (3) 21- 39 (6) 40 - 69 (7) 70 AND OVER GENDER MALE FEMALE

Ethnic Category (Please check the box that best describes your race/ethnicity.):

(7) AMERICAN INDIAN OR ALASKAN NATIVE - Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION

(2) ASIAN—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, And Korea.

(1) BLACK - Persons having origins in any of the black racial groups of Africa.

(8) FILIPINO - Persons having origins in any of the original peoples of the Phillippine Islands.

(4) HISPANIC - Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

(6) PACIFIC ISLANDERS—Persons having origins in the Pacific Islands, such as Samoa.

(5) WHITE - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Check it:

(3) OTHER (Specify) _____

(v) **DISABLED**--A person with a disability is an individual who: (1) has a physical or mental impairment that substantially limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working . . . ; (2) has a record of such an impairment; (3) is regarded as having such an impairment.

MILITARY --A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

How did you learn of this Examination?

TELEPHONE JOB LINE WORD OF MOUTH INTERNET

ADVERTISEMENT IN _____ EXAMINATION LOCATED AT _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE