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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

			1	· · · · · · · · · · · · · · · · · · ·	EASY ID			
LAST	BT 3 LETTERS OF T NAME AT BIRTH MONTH OF BIRTH	DAY OF BIRTH	Last 4 DIGITS OF SECURITY NUMB	SOCIAL BER				
APPI	LICANT'S NAME (Last)	(First)		(M.I.)	SOCIAL S	SECURITY N	JUMBER	
MAIL	ING ADDRESS (Number) (Street)	E-MAIL ADDRESS			WORK T	ELEPHONE	NUMBER	
(City))	(County)	(State)	(Zip Code)	HOME/VF	RS/TTY TEL	EPHONE NU	JMBER
EXA	MINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APP	LYING						PERSONNEL USE ONLY
	SWER THE FOLLOWING QUESTIONS: Enter the county in which you would like to take	e the examination						
0	if different from the county of your residence:							
	Do you need reasonable accommodation to tak Do your religious beliefs prevent you from takin		Yes					
3.		-				Yes	No	
4.	Are you now employed by the State of Californ	ia? (If "YES", fill in the inform	nation below.)			Yes	No	
	Department:	Subd	livision					
5	Have you ever been fired, dismissed, terminate					Yes	No	
	performance or for disciplinary reasons? (Appli dismissals or terminations have been overturnen need not answer "Yes".) Refer to the Instruction Explanations section.	ed, withdrawn [unilaterally or ns for further information. If "	as part of a settle	ment agreement] o	r revoked			
	dismissals or terminations have been overturnen need not answer "Yes".) Refer to the Instruction	ed, withdrawn [unilaterally or ns for further information. If "	as part of a settle	ment agreement] o	r revoked			
	dismissals or terminations have been overturned need not answer "Yes".) Refer to the Instruction Explanations section. In addition to English, list any other languages	ed, withdrawn [unilaterally or ns for further information. If "	as part of a settle	ment agreement] o	r revoked			
6.	dismissals or terminations have been overturned need not answer "Yes".) Refer to the Instruction Explanations section. In addition to English, list any other languages a. possess verbal fluency in b. possess written fluency in	ed, withdrawn [unilaterally or ns for further information. If "	as part of a settle 'Yes" to Question :	ment agreement] o #5, give details in th — —	r revoked			
6. 7.	dismissals or terminations have been overturned need not answer "Yes".) Refer to the Instruction Explanations section. In addition to English, list any other languages a. possess verbal fluency in b. possess written fluency in I certify I can type at a speed of ISWER QUESTIONS 8 AND 9 ONLY IF THE EXAMIN	ed, withdrawn [unilaterally or ns for further information. If " you: words per minute. (For typing IATION INDICATES THEY ARE	as part of a settle 'Yes" to Question : g applicants only.)	ment agreement] o #5, give details in th — —	r revoked			
6. 7.	dismissals or terminations have been overturned need not answer "Yes".) Refer to the Instruction Explanations section. In addition to English, list any other languages a. possess verbal fluency in b. possess written fluency in I certify I can type at a speed of	ed, withdrawn [unilaterally or ns for further information. If " you: words per minute. (For typing IATION INDICATES THEY ARE	as part of a settle 'Yes" to Question ; g applicants only.)	ment agreement] o #5, give details in th — —	r revoked he	Yes	No	
6. 7. (AN	dismissals or terminations have been overturned need not answer "Yes".) Refer to the Instruction Explanations section. In addition to English, list any other languages a. possess verbal fluency in b. possess written fluency in I certify I can type at a speed of ISWER QUESTIONS 8 AND 9 ONLY IF THE EXAMIN	ed, withdrawn [unilaterally or ns for further information. If " you: words per minute. (For typing IATION INDICATES THEY ARE ge requirements?	as part of a settle 'Yes" to Question ; g applicants only.)	ment agreement] o #5, give details in tl — —)	r revoked he	Yes	No No	

CERTIFICATION - IMPORTANT - 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

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY															
Classes	01	02 03 04 05 06 Flags				FOR PERSONNEL USE ONLY									
WC for Series/Levels										WC		 		STATUS Accepted	REJECTED WC
RC/Flag for Series/Levels											_			EXPERIENCE	LICENSE REQUIREMENT
CODES]								[EDUCATION	OTHER
														STAFF	DATE PROCESSED

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APPLICANT'S NAME (Last)	(First)			(M.I.)	EASY	D		
EDUCATION									
DID YOU GRADUATE FRO		1	S A GED OR EQUIVAL	ENT? II	F NOT, ENTER THE HI	GHEST GRADE	YOU COMPLETED		
Yes	No	Yes	No						
BUSINESS, CORF	LEGE—NAME AND LOCATION, RESPONDENCE, TRADE OR VICE SCHOOL		SE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER		MA, DEGREE OR CATE OBTAINED	DATE COMPLETED	
	APPLICABLE LICENSES					ETIN			
	ney, please indicate the						on the examination	on bulletin.)	
LICENSE / CERT	TIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE :			COURSE REQUIREME		
				-					
	TORY- Begin with your	1							
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASS	IFICATION (Include Ra	nge or Level, if appli	cable)		SUPERVISOR NAME		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE	COMPANY/STATE AGENCY NAME SUPERVISOR PHONE NUMBER						
SALARY EARNED	PER	ADDRESS							
REASON FOR LEAVING									
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASS	IFICATION (Include Ra	nge or Level, if applic	cable)		SUPERVISOR NAME		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME SUPERVISOR PHONE NUMBER							
SALARY EARNED	PER	ADDRESS							
DUTIES PERFORMED		1							
REASON FOR LEAVING									

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APPLICANT'S NAME (Last)		(First) (M.I.) EAS			ASY ID						
EMPLOYMENT HISTORY (Continued)											
FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	S	SUPERVISOR NAME							
HOURS PER WEEK		COMPANY/STATE AGENCY NAME		s	SUPERVISOR PHONE NUMBER						
SALARY EARNED	PER	ADDRESS									
DUTIES PERFORMED											
REASON FOR LEAVING											
FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	Level, if applicable)	S	SUPERVISOR NAME						
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME		s	SUPERVISOR PHONE NUMBER						
SALARY EARNED	PER	ADDRESS									
REASON FOR LEAVING											
FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	Level, if applicable)	S	SUPERVISOR NAME						
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME		s	SUPERVISOR PHONE NUMBER						
SALARY EARNED	PER	ADDRESS		·							
DUTIES PERFORMED	·										

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APPLICANT'S NAME (Last)		(First)	ASY ID								
EMPLOYMENT HISTORY (Continued)											
	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	SUPERVISOR NAME								
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER								
SALARY EARNED	PER	ADDRESS									
DUTIES PERFORMED											
REASON FOR LEAVING											
FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	SUPERVISOR NAME								
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER								
SALARY EARNED	PER	ADDRESS									
REASON FOR LEAVING											
FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or	Level, if applicable)	SUPERVISOR NAME							
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER							
SALARY EARNED	PER	ADDRESS									
DUTIES PERFORMED											

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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 California Department of Human Resources to retain this information for research and statistical purposes.

SOCIAL SECURITY	NUMBER	AGE			GENDER				
		Under 21(1)	21 - 39 (3) 40-69 (6) 70	and Over(7)	Male Female				
PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:									
ASIAN GROUP	HISPANIC GRO	UP	PACIFIC ISLANDER GROUP	OTHER GRO	UPS				
Asian Indian (M)	Cuban (C)		Guamanian or Chamorro (R)	Aleut (O)					
	Mexican/Me	exican American (A)	Hawaiian (P)	American	Indian/Native American (H)				
	Puerto Rica	П (В)	Samoan (Q)	Black/Afr	ican American (F)				
	Other Hispa	nic/Latino Groups	O Cher Pacific Islander Group (T)	Eskimo (N)				
				White (E)					
Korean (K)				Other Ra	cial Group (X)				
Laotian (V)				Choose r	not to Identify (Z)				
Vietnamese (L)									
Other Asian Group (S)	1								

DISABILITY (m)—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that 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 or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

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

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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INSTRUCTIONS

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

Easy ID - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your social security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

Social Security Number - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). However, if the Social Security Number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

Home/VRS/TTY Number - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination Title/Job Title - Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy for which you are applying.

Question 2 - Reasonable Accommodation will be provided to applicants who need assistance to take an interview or written test. If you check "Yes" you will be contacted via telephone or mail to make specific arrangements.

Question 5 - Employment History/Discharges. Question 5 must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Explain any "Yes" answers in the Explanations section. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position. In completing this application, you do not need to answer "Yes" to Question 5 if:

- you have been rejected during a probationary period; or
- your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
- a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period, however, applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application. **Questions 8 and 9** - These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

Explanations - Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

Signature - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

Education - You must include a complete record of your training and educational background. Please read the Requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, attach additional sheet(s).

Licenses - If the examination bulletin calls for a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

Experience - You must include a complete list of your paid and/or volunteer work experience **which relates to the qualification requirements specified on the examination bulletin**. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they relate directly to the job for which you are applying. **State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held**.

Examinations Granting Veteran's Preference Points - If you have not previously applied for and been approved Veteran's Points, you must apply for the points by completing and submitting the Application for Veteran's Preference Form SPB-1093 to California Department of Human Resources.

NOTE: Your completed Application and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code Section 18934. This Application and other confidential information **will not be returned;** therefore, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the California Department of Human Resources's web site at **www.calhr.ca.gov.**

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!