

**EXAMINATION / EMPLOYMENT APPLICATION**

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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**

APPLICANT'S NAME (Last)	(First)	(M.I.)	
MAILING ADDRESS (Number)	(Street)	E-MAIL ADDRESS	WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING			<b>PERSONNEL USE ONLY</b>

**ANSWER THE FOLLOWING QUESTIONS:**

1. Enter the county in which you would like to take the examination if different from the county of your residence: \_\_\_\_\_
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.) \_\_\_\_\_  Yes  No  
 Department: \_\_\_\_\_ Subdivision: \_\_\_\_\_
5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If "Yes", give details in the Explanations section below. Refer to the instructions for further information.  Yes  No
6. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency?  Yes  No
7. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency?  Yes  No
8. In addition to English, list any other languages you:
  - a. possess verbal fluency in \_\_\_\_\_
  - b. possess written fluency in \_\_\_\_\_
9. I certify I can type at a speed of \_\_\_\_\_ words per minute. (For typing applicants only.)

**(ANSWER QUESTIONS 10 AND 11 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)**

10. Do you meet the minimum and/or maximum age requirements? \_\_\_\_\_  Yes  No
11. Do you possess a valid California Driver License? (If "YES", fill in the information below.) \_\_\_\_\_  Yes  No  
 License # \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**EXPLANATIONS**

**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**

<b>Classes</b>	01	02	03	04	05	06				<b>Flags</b> _____	<b>FOR PERSONNEL USE ONLY</b>	
WC for Series/Levels										WC _____	STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> 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 ID

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**EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL?

IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?

IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

Yes

No

Yes

No

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

**LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.***(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)*

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

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

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
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**EMPLOYMENT HISTORY (Continued)**

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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

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
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DUTIES PERFORMED

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
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DUTIES PERFORMED

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
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**EMPLOYMENT HISTORY (Continued)**

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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

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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 <input type="checkbox"/> Under 21 <sup>(1)</sup> <input type="checkbox"/> 21 - 39 <sup>(3)</sup> <input type="checkbox"/> 40-69 <sup>(6)</sup> <input type="checkbox"/> 70 and Over <sup>(7)</sup>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

**ASIAN GROUP**

- Asian Indian <sup>(M)</sup>
- Cambodian <sup>(U)</sup>
- Chinese <sup>(J)</sup>
- Filipino <sup>(G)</sup>
- Japanese <sup>(I)</sup>
- Korean <sup>(K)</sup>
- Laotian <sup>(V)</sup>
- Vietnamese <sup>(L)</sup>
- Other Asian Group <sup>(S)</sup>

**HISPANIC GROUP**

- Cuban <sup>(C)</sup>
- Mexican/Mexican American <sup>(A)</sup>
- Puerto Rican <sup>(B)</sup>
- Other Hispanic/Latino Groups <sup>(D)</sup>

**PACIFIC ISLANDER GROUP**

- Guamanian or Chamorro <sup>(R)</sup>
- Hawaiian <sup>(P)</sup>
- Samoan <sup>(O)</sup>
- Other Pacific Islander Group <sup>(T)</sup>

**OTHER GROUPS**

- Aleut <sup>(O)</sup>
- American Indian/Native American <sup>(H)</sup>
- Black/African American <sup>(F)</sup>
- Eskimo <sup>(N)</sup>
- White <sup>(E)</sup>
- Other Racial Group <sup>(X)</sup>
- Choose not to Identify <sup>(Z)</sup>

- DISABILITY** <sup>(Y)</sup>—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 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** – Filling out this section is no longer required and will be removed in a future version of this application.

**Social Security Number** – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 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, Career Credits, written test waivers, or to check for eligibility in promotional examinations and job positions.

**Telephone Number** – Provide your 10-digit home, mobile, or work telephone number. You may also provide a Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

**Examination(s) or Job Title(s)** – 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., state employee, veteran, legislative employee, etc.). If applying for a job position, enter the class title of the job position 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. Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes." Explain any "Yes" answers in the Explanations section. Briefly describe the facts, findings, 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,

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.

**Question 6** – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "Yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within California state civil service, where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with the state or *any* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University.

**Question 7** – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a *particular* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer "Yes" to this question, please provide the name of the particular agency and the details in the Explanations section.

**Questions 10 and 11** – These questions should be answered only if the examination bulletin indicates a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

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

**Applicant's Signature** – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected. Electronic submission of your application through Cal Career Account certifies your application in place of a signature and date signed.

**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, you may attach additional documentation.

**Licenses** – If the examination bulletin requires 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.

**Employment History and Experience** – You must include a complete list of your paid and/or volunteer work experience **that relates to the qualification requirements specified on 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 directly relate 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.**

**Equal Employment Opportunity Page** – Providing this information is voluntary. This data is only to be used for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

**Examinations Granting Veterans' Preference** – If you have not previously applied and been approved for Veterans' Preference, you must complete and submit the Veterans' Preference Form, CALHR-1093 to the 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, it is recommended that you keep a copy of your completed application for your personal records. Your rights to inspect your examination papers are set forth in Section 186-189 of Title 2 of the California Code of Regulations, which can be accessed at Office of Administrative Law web site at: [oal.ca.gov](http://oal.ca.gov)

**PLEASE ENTER YOUR NAME ON PAGES WHERE INDICATED  
AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.**