

EXAMINATION/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

Form section for personal information including fields for Applicant Identification Number (Easy ID), First 3 letters of last name at birth, Month of Birth, Day of Birth, Last 4 digits of Social Security Number, Applicant's Name, Mailing Address, E-mail Address, Social Security Number, Work Telephone Number, and Home/VRS/TTY Telephone Number.

Section for Examination(s) or Job Title(s) for which you are applying, with a designated box for Personnel Use Only.

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?
3. Do your religious beliefs prevent you from taking an examination on Saturday?
4. Are you now employed by the State of California?
5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons?
6. In addition to English, list any other languages you:
7. I certify I can type at a speed of \_\_\_\_\_ words per minute.

(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)

- 8. Do you meet the minimum and/or maximum age requirements?
9. Do you possess a valid California Driver License? (If "YES", fill in the information below.)

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.

Signature line for Applicant's Signature and Date Signed.

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

Complex form section for personnel use only, including a grid for Classes (01-06), Flags, and a table for personnel tracking (Status, Experience, License Requirement, Education, Other, Staff, Date Processed).

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APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</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		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

**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 <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION/EMPLOYMENT APPLICATION**

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

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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION/EMPLOYMENT APPLICATION**

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

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
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SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

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SALARY EARNED		ADDRESS	
\$	PER		
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 State Personnel Board to retain this information for research and statistical purposes.

APPLICANT IDENTIFICATION NUMBER (EASY ID)				EASY ID	
FIRST 3 LETTERS OF LAST NAME AT BIRTH	MONTH OF BIRTH	DAY OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		
AGE				GENDER	
<input type="checkbox"/> (1) UNDER 21	<input type="checkbox"/> (3) 21 - 39	<input type="checkbox"/> (6) 40 - 69	<input type="checkbox"/> (7) 70 AND OVER	<input type="checkbox"/> MALE	<input type="checkbox"/> 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 Philippine Islands.

- (4) **HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, 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 if:**

- (3) **OTHER (Specify)** \_\_\_\_\_

- (Y) **DISABLED**—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.

**How did you learn of this Examination?**

- TELEPHONE JOB LINE                       WORD OF MOUTH                       INTERNET
- ADVERTISEMENT IN \_\_\_\_\_                       EXAMINATION BULLETIN LOCATED AT \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

**EXAMINATION/EMPLOYMENT APPLICATION****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 the State Personnel Board.

**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 State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov).

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