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., and health/medical background.

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. The department may also be hampered in processing this examination as quickly as possible to fill existing vacancies.

Examination Title—Fill in the exact title of the examination from the examination bulletin. Only civil service employees who meet the definition of a promotional candidate may file for promotional examinations. All others must file for open examinations.

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. This question must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired from a job, let go, or had a work contract terminated. Explain any "Yes" answers in Item 12. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position. If your dismissal or termination was overturned, withdrawn [unilaterally or as part of a settlement] or revoked, you do not need to answer "Yes". However, applicants are expected to tell the truth regarding any dismssal or termination, and the circumstances under which it was withdrawn, if asked by a prospective employer.

Questions 8 through 11—These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; (b) a California Driver License requirement; or (c) the examination is for a peace officer classification. You should review the examination bulletin carefully for details and the circumstances under which you may answer "No" to Items 10 or 11.

12. Explanations—Use this space 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. Even though a notice will be sent to you, it may result in your missing the final filing date for this examination.

13. 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).

14. 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. (Examples: membership in the California State Bar, a medical or nursing license, a Fire Fighter Apprentice Certification, etc.)

15. 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**. The work experience you list will be used to determine if you meet the stated qualifications. List all relevant jobs regardless of duration, including part-time and military service, during the last ten years. 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**.

If Veteran's Preference Points are being granted in this examination and you qualify, you must apply before the scheduled examination on Application for Veteran's Preference Form SPB-1093.

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.

Discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation is prohibited.

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

STATE OF CALIFORNIA — STATE PERSONNEL BOARD

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.

STD. 678 (REV. 12/2001) Page 1

PRINT OR TYPE—PLEASE SEE INSTRUCTIONS ON BACK PAGE

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

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 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 dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissals or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".) If "Yes" to Question #5, give details in Item #12, and refer to the Instructions for further information. ☐ **YES** ☐ **NO**
6. In addition to English, list any other languages you:
   a. possess verbal fluency in _____
   b. possess written fluency in _____
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.) ..... ☐ **YES** ☐ **NO**

   License # _____ Class: _____ Restrictions: _____
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--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**			
WC for Series									
RC/Flag for Series									

Flags ___ ___ ___ ___ ___ ___ ___

WC ___

CODES ☐ ☐ ☐ ☐ ☐

FOR PERSONNEL USE ONLY	
STATUS	
☐ ACCEPTED	☐ REJECTED WC ___
EXPERIENCE	LICENSE REQUIREMENT
EDUCATION	OTHER
STAFF	DATE PROCESSED

EXAMINATION AND/OR EMPLOYMENT APPLICATION

APPLICANT'S NAME *(Last)*	*(First)*	*(M.I.)*	SOCIAL SECURITY NUMBER

13. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? ☐ YES ☐ NO

IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? ☐ YES ☐ 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		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

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 *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION AND/OR EMPLOYMENT APPLICATION

APPLICANT'S NAME *(Last)*	*(First)*	*(M.I.)*	SOCIAL SECURITY NUMBER

15. EMPLOYMENT HISTORY—*(Continued)*

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION AND/OR EMPLOYMENT APPLICATION

APPLICANT'S NAME *(Last)*	*(First)*	*(M.I.)*	SOCIAL SECURITY NUMBER

15. EMPLOYMENT HISTORY—*(Continued)*

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(M/D/Y)*	TO *(M/D/Y)*	TITLE/ JOB CLASSIFICATION *(Include Range or Level, if applicable)*	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

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 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