

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

Form with fields for APPLICANT'S NAME (Last, First, M.I.), SOCIAL SECURITY NUMBER, MAILING ADDRESS (Number, Street, City, County, State, Zip Code), WORK TELEPHONE NUMBER, 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?
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: (If "YES", give details in Item 12 and refer to the Instructions for further details.)
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.
8. Do you meet the minimum and/or maximum age requirements?
9. Do you possess a valid California Driver License?
10. Have you ever been convicted by any court of a misdemeanor crime of domestic violence?
11. Have you ever been convicted by any court of a felony?

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.

APPLICANT'S SIGNATURE and DATE SIGNED

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

Table with columns for Classes (01-06), Flags, WC, RC/Flag for Series, and CODES. Includes a sub-table for PERSONNEL USE ONLY with fields for STATUS, EXPERIENCE, EDUCATION, LICENSE REQUIREMENT, and OTHER.

STAFF	DATE PROCESSED
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STATE OF CALIFORNIA

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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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)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
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)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED \$ PER	ADDRESS	
DUTIES PERFORMED		

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY (Continued)

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

REASON FOR LEAVING

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

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DUTIES PERFORMED		

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY (Continued)

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
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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 <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	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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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 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?

<input type="checkbox"/> TELEPHONE JOB LINE	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> INTERNET
<input type="checkbox"/> ADVERTISEMENT IN _____	<input type="checkbox"/> EXAMINATION BULLETIN LOCATED AT _____	

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE