EXAMINATION AND/OR 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

APPLICA	ANT'S NAM	E (Lasi	t)					(First)							(M.I.)				SOCIA	L SECUF	RITY NU	IMBER			
MAILING	ADDRESS	S (Num	ber)		(Si	reet)				E-MAIL	ADDR	ESS							WORK	TELEPH	IONE N	JMBER			
(City)								(C	ounty)			(St	ate)	(Zip	Code)				HOME	TELEPH	HONE N	UMBER			
EXAMIN	ATION(S)	OR JOE	3 TITLE	(S) FO	R WHI	CH YOU	J ARE A	APPLYI	NG															PERSONN	
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7. I c	ertify I ca	n type	at a s	speed	of		words	per m	inute.	(For ty	ping a	pplicar	nts only	/ .)											
(Answe	er Questi	ons 8,	9, 10,	and/o	or 11	ONLY i	if the e	examin	ation	indicat	es the	y are	requir	ed.)											
8. Do	you mee	t the n	ninimu	m and	l/or ma	aximum	age r	equirer	ments?											Y	/ES	NO	1		
9. Do	you poss	sess a	valid (Califor	nia Dr	iver Lic	ense?	(If "YE	S", fill	in the i	nforma	ation b	elow.)						Y	/ES	NO			
Lic	cense#_					0	lass: _					Restr	ictions	:											
10. Ha	ave you ev	er bee	en con	victed	by an	y court	of a m	nisdem	eanor	crime c	of dom	estic v	iolence	?						Υ	/ES	NO			
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12. EXP	LANATION	ıs																							
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APPLICANT'S NAME (Las	st)	(First)			(M.I.) SOC			OCIAL SECURITY NUMBER		
13. EDUCATION										
DID YOU GRADUATE FROM YES	HIGH SCHOOL? IF NOT, DO YOU NO YES	J POSSESS A GED	OR EQUIVALENT?	IF NOT,	ENTER THE HIGHES	T GRADE YOU COM	IPLETED			
UNIVERSITY OR COL BUSINESS, CORR	LEGENAME AND LOCATION, ESPONDENCE, TRADE OR	COURSE	OF STUDY		UNITS COMPLETED DIPL			DATE		
SER	VICE SCHOOL			SEMESTER	QUARTER	CERTIFIC	ATE OBTAINED	COMPLETED		
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LICENSE/CERTI	FICATION NUMBER	OATE ADMITTED TO THE BAR	EXPIRATION DATE	IN THE SPACE E			SE REQUIREMENTS N S EXAMINATION	NEEDED TO SATISFY		
15. EMPLOYMENT	 HISTORY—Begin with yo	ur most recer	nt job. List eac	 h Job separate	ly.					
FROM (M/D/Y)	TO (M/D/Y)			e Range or Level, if a						
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATI	E AGENCY NAME				SUPERVISOR			
SALARY EARNED	PER	ADDRESS								
\$										
REASON FOR LEAVING										
FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLAS	SIFICATION (Include	e Range or Level, if ap	oplicable)					
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATI	E AGENCY NAME				SUPERVISOR			
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APPLICANT'S NAME (La	est)	(First)	(M.I.)	SOCIAL	SECURITY NUMBER
15. EMPLOYMENT FROM (M/D/Y)	THISTORY—(Continued) TO (M/D/Y)	TITLE/ JOB CLASSIFICATION //polydo	Panga ay layal if anniisahla)		
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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME			SUPERVISOR
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\$					
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FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include I	Range or Level, if applicable)		
					T
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME			SUPERVISOR
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FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include i	Range or Level, if applicable)		
		·			
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME			SUPERVISOR
SALARY EARNED	PER	ADDRESS			
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REASON FOR LEAVING					

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APPLICANT'S NAME (L	ast)	(First)	SOCIAL SECURITY NUMBER	
15. EMPI OYMEN	T HISTORY—(Continued)			I
FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Inclu	de Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME		SUPERVISOR
SALARY EARNED	PER	ADDRESS		
\$				
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REASON FOR LEAVING				
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TROM (M/D/T)	10 (10112) 1)	THEE, GOD GERGON TOX THEIR (MIGH	de Range of Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME		SUPERVISOR
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FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Inclu	de Range or Levei, if applicable)	
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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 State Personnel Board to retain this information for research and statistical purposes.

SOCIAL SECURITY NUI	MBER				
AGE (1) UNDER 21	(3) 21 - 39	(6) 40 - 69	(7) 70 AND OVER	GENDER MALE	FEMALE
Ethnic Category	(Please check the	box that bes	st describes your race/e	thnicity.):	
(7) AMERICAN INI	DIAN OR ALASKAN		ns having origins in any of th affiliation or community reco	nition	and who maintain cultural identification through
ENTER TRIBAL ID	ENTIFICATION OR AFF	LIATION			
(2) ASIAN Person	s having origins in an	y of the original	peoples of the Far East, Sout	heast Asia, or the Indian Subconti	nent. This includes China, Japan, and Korea.
(1) BLACK Perso	ns having origins in a	ny of the black ra	acial groups of Africa.		
(8) FILIPINO Pers	ons having origins in	any of the origina	al peoples of the Philippine Is	slands.	
(4) HISPANIC Pe	rsons of Mexican, Pu	erto Rican, Cuba	n, Central or South Americar	n, or other Spanish culture or origi	n, regardless of race.
(6) PACIFIC ISLAN	IDERS Persons hav	ing origins in the	e Pacific Islands, such as Sar	noa.	
(5) WHITE Person	s having origins in ar	y of the original	peoples of Europe, North Afri	ca, or the Middle East.	
Check if: (3) OTHER (Specify)					
(Y) DISABLED A walking, speaki medical condition	person with a disabiling, breathing, perfornin; or (3) is regarded	ning manual task as having such a	Il who: (1) has a physical or m ks, seeing, hearing, learning, in impairment or medical con- veteran; or a spouse of a 10	caring for oneself or working; (2) dition.	ion that limits one or more life activities, such as has a record or history of such impairment or
How did you	earn of this Exam		·		
TELEPHONE JOB	LINE		WORD OF MOUTH		INTERNET
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THANK YOU FOR COMPLETING THIS QUESTIONNAIRE