STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

EXAMINATION / EMPLOYMENT APPLICATION

STD. 678 (REV. 10/2013) Page 1

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 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 *(Last)* *(First)* *(M.I.)* | SOCIAL SECURITY NUMBER

MAILING ADDRESS *(Number)* *(Street)* E-MAIL ADDRESS | WORK TELEPHONE NUMBER

(City) *(County)* *(State)* *(Zip Code)* | HOME/VRS/TTY TELEPHONE NUMBER

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING

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? ☐ **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? (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who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the Explanations section. ☐ **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 AND 9 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: _____

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/Levels									
RC/Flag for Series/Levels									

Flags ___ ___ ___ ___ ___ ___ ___

WC ___

CODES ☐ ☐ ☐ ☐ ☐

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

EXAMINATION / EMPLOYMENT APPLICATION

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

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 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/YYYY)*	TO *(MM/DD/YYYY)*	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	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM *(MM/DD/YYYY)*	TO *(MM/DD/YYYY)*	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	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

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

EMPLOYMENT HISTORY *(Continued)*

FROM (MM/DD/YYYY	TO (MM/DD/YYYY)	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	PER	ADDRESS	
DUTIES PERFORMED			
REASON FOR LEAVING			

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	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	PER	ADDRESS	
DUTIES PERFORMED			
REASON FOR LEAVING			

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	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	PER	ADDRESS	
DUTIES PERFORMED			
REASON FOR LEAVING			

EXAMINATION / EMPLOYMENT APPLICATION

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

EMPLOYMENT HISTORY *(Continued)*

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	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	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	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	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	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	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 California Department of Human Resources to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER	AGE	GENDER
	☐ Under 21 (1) ☐ 21 - 39 (3) ☐ 40-69 (6) ☐ 70 and Over (7)	☐ Male ☐ Female

PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

ASIAN GROUP

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

HISPANIC GROUP

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

PACIFIC ISLANDER GROUP

- ☐ Guamanian or Chamorro (R)
- ☐ Hawaiian (P)
- ☐ Samoan (Q)
- ☐ Other Pacific Islander Group (T)

OTHER GROUPS

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

☐ DISABILITY (Y) —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

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 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, 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 California Department of Human Resources's web site at **www.calhr.ca.gov.**

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