

STAFF SERVICES ANALYST (GENERAL) REQUEST FOR TRANSFER EXAM

APPLICANTS PLEASE COMPLETE INFORMATION BELOW

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number and Street)			WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)
ANSWER THE FOLLOWING QUESTIONS:			HOME TELEPHONE NUMBER

1. Are you now employed by the Air Resources Board? Yes No

DIVISION: _____ POSITION NUMBER: _____

2. Do you need reasonable accommodation to take a written test?
 (If "Yes", you will be notified to make special arrangements) Yes No

QUALIFICATIONS FOR LATERAL TRANSFER: Consideration for lateral transfer is based on the highest, permanent appointment by examination.

CURRENT CLASSIFICATION: _____

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR HUMAN RESOURCES USE ONLY

TRANSACTIONS UNIT

Highest, Permanent, AO1 appointment

Class Code	Class Title	Tenure/Time Base	Range (if applicable)

Eligible for Transfer Not Eligible for Transfer

Transferability Verified by: _____ Date: _____

EXAM UNIT

DATE TEST SCHEDULED: _____ DATE NOTIFIED OF TEST: _____

SCORED BY: _____

TOTAL POINTS: _____ PASSED FAILED

DATE SCORE ENTERED: _____ DATE RESULTS SENT: _____

Privacy Statement

This information is requested by the Air Resources Board, Exam Unit per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for transfer exam.