

MERIT SYSTEM SERVICES (MSS)

An Equal Opportunity Employer

APPLICATION FOR EXAMINATION IMS-9

Return Application to: 24-Hour Job Line: (916) 263-3604
Merit System Services **For Information Call:** (916) 263-3614
241 Lathrop Way
Sacramento, CA 95815-4389

INSTRUCTIONS: Applicants must submit the MSS application (IMS-9) directly to MSS at the address above for each examination. No other application form may be substituted for the IMS-9, and faxed copies are **not** accepted. Applicants must complete this form in its entirety, providing sufficient detail to allow MSS to evaluate the applicant's qualifications for the classification as described on the recruitment bulletin. Applicants who fail to demonstrate they meet the minimum qualifications will not be considered for the examination. Applicants may attach a resume and/or other information for any portion of the required MSS Application (IMS-9). (Applications and attachments are deemed permanent examination records and cannot be returned. Applicants should make a copy for their personal files.) Applicants must notify Merit System Services of any change of address, name, or telephone number in a timely manner. If, after submitting the application, you have questions concerning the exam, you may contact MSS at the above phone number.

PLEASE TYPE OR PRINT IN DARK INK

1)

Name _____
(Last) (First) (MI)

Mailing Address _____
(Number) (Street)

(City) (State) (Zip)

Home Address _____
(If different from (Number) (Street)
mailing address)

(City) (State) (Zip)

Evening # () _____ Daytime # () _____

Approved

Re-approved

Initials: _____ **Date:** _____

I-1 I-2 I-3
 I-4 FFD: _____ I-5
 I-6 1 2 3 4
A by: _____ B

I-7 1 2 3 4 5 6
 I-8 A by: _____ B C D E

I-9
 PO BO

Initials: _____ **Date:** _____

Input by: _____

Date: _____

Notice Sent: _____

Re-activated: Initials: _____ **Date:** _____

2) Job Title of the Examination you are applying for:

3) Social Security Number (SSN):

Disclosure of the SSN is voluntary; however, its inclusion will simplify processing your application.

4A) County and Department for which the exam is being given:

- Department of Social Services
- Department of Child Support Services
- Office of Emergency Services

_____ County

(Check One)

Refer to exam bulletin for information relating to items 2, 4A, & 4B

4B) If the job bulletin indicates more than one job location within the county, enter the names of the locations (cities or towns) where you would be willing to work:

5) **Special test arrangements** may be made to accommodate applicants with disabilities or whose religious convictions prevent them from testing on a specific day or date. Do you require such special arrangements? If yes, check the box below **and attach a letter to this application**, explaining the nature of the special accommodations you require. In addition, please contact MSS at (916) 263-3614 ext. 3079 at least two weeks prior to the estimated test date(s) printed on the job bulletin.

YES

6) CERTIFICATION OF SKILLS: If the job bulletin states specific skills or abilities are required or desirable, use this space to identify which of these skills and abilities you possess.

- A. **TYPING:** I certify that I can type a minimum net corrected speed of _____ words per minute.
- B. **OFFICE EQUIPMENT:** I certify that I can operate the office equipment listed:

- C. **OTHER KNOWLEDGE, SKILLS, AND ABILITIES:** I certify that I possess the following knowledge, skills and abilities required or desired for this position:

8) A. If offered employment, can you provide verification of your legal right to work in the United States?

B. Have you, as an adult, ever been convicted, fined (excluding minor traffic offenses), placed on probation, or given a suspended sentence in any court?

PRIVACY STATEMENT

The information you provide on this application form will be used only in connection with this application and will enable MSS to determine if you meet the minimum requirements for the examination. Further information contained in your application may be considered when rating your qualifications during the exam process. Completion of this application is voluntary; however, failure to complete this application in its entirety may prevent MSS from evaluating your qualifications fully and may result in your elimination from the exam process. MSS applications are requested under authority of the Local Agency Personnel Standards, Section 17442.

IMS-9 (rev.5/1)

9) Certification of applicant-read carefully before signing

I hereby certify that all statements made in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

Signature: _____ Date: _____

Name: _____ County, Department, and Exam: _____

Please read the requirements section of the job bulletin before completing this side.

10) **Education:** Please read the **Minimum Qualifications** described on the job bulletin carefully before completing the sections below. The information you provide below will allow MSS to determine if you meet the **Minimum Qualifications**. **Resumes CANNOT be substituted for completing the sections below in their entirety.**

Name & location of college/university	Major Course of Study	Completed Units (List number of units and check appropriate box to indicate Semester or Quarter Units.)		Degree received	Date completed
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		

If the classification you are applying for requires a State of California license, certification, or registration, use this space to provide details concerning the specific state license, certification, or registration you possess.

11) **Experience:** Beginning with your **current or most recent employment**, complete the sections below in their entirety. **Do not** leave any spaces blank (especially number of hours worked per week) and do not write "See Attached" in lieu of completing the section below. You may include military and/or volunteer experience that you believe will help demonstrate that you meet the minimum qualifications for the position you are applying for. If you require more space, you may use additional sheets of paper and attach them to this application. **REMEMBER, Resumes CANNOT be substituted for completing the section below in their entirety.**

Period of employment	Job Title:	Name, address, and phone no. of employer:
A. From _____ To _____ _____/_____/_____/_____/_____/_____ Total _____ Yr(s). _____ Mo(s). Hours Per Week _____ Salary \$ _____ per _____	Duties: No. of employees supervised: _____	Immediate Supervisor: Reason for leaving:
B. From _____ To _____ _____/_____/_____/_____/_____/_____ Total _____ Yr(s). _____ Mo(s). Hours Per Week _____ Salary \$ _____ per _____	Job Title: Duties: No. of employees supervised: _____	Name, address, and phone no. of employer: Immediate Supervisor: Reason for leaving:
C. From _____ To _____ _____/_____/_____/_____/_____/_____ Total _____ Yr(s). _____ Mo(s). Hours Per Week _____ Salary \$ _____ per _____	Job Title: Duties: No. of employees supervised: _____	Name, address, and phone no. of employer: Immediate Supervisor: Reason for leaving:
D. From _____ To _____ _____/_____/_____/_____/_____/_____ Total _____ Yr(s). _____ Mo(s). Hours Per Week _____ Salary \$ _____ per _____	Job Title: Duties: No. of employees supervised: _____	Name, address, and phone no. of employer: Immediate Supervisor: Reason for leaving:
E. From _____ To _____ _____/_____/_____/_____/_____/_____ Total _____ Yr(s). _____ Mo(s). Hours Per Week _____ Salary \$ _____ per _____	Job Title: Duties: No. of employees supervised: _____	Name, address, and phone no. of employer: Immediate Supervisor: Reason for leaving:

Equal Opportunity Employer

To further its commitment to Equal Opportunity Employment, Merit System Services is requesting applicants to voluntarily provide the following information. The information will be detached from the application.

- M Male
- F Female

Race/Ethnic Identity

- W White
- B Black
- H Hispanic (regardless of race)
- A Asian
- P Pacific Islander
- F Filipino
- N American Indian or Alaskan Native

If you have a disability or record of impairment, please indicate your disability below.

- HI Hearing Impairment
- VI Vision Impairment
- SI Speech Impairment
- PI Physical Impairment
- DE Developmental
- MD Mental Disability
- O Other _____

Please indicate how you became aware of this opportunity. Check only one block.

Word of Mouth

- A County Employee
- B Relative or Friend
- C Other (Specify)

Advertisement

- D Newspaper
- E Internet _____
Specify Website
- F Trade or Professional Journal
- G Other

Bulletin Board

- H County Child Support
- I County Personnel
- J County Social Services
- K State Employment (EDD)
- L Other (specify)

MSS

- M MSS Job Line
- N Other _____