

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

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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? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

YES NO YES NO

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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15. EMPLOYMENT HISTORY—(Continued)

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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

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15. EMPLOYMENT HISTORY—(Continued)

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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

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 NUMBER _____

AGE				GENDER	
<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	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

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) _____

^(V) **DISABLED** -- 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.

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