



Security Guard

Qualifications Assessment Examination

READ INSTRUCTIONS CAREFULLY

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The **Security Guard** examination consists of a Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the examination process, your phone numbers are required*****

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

Section 1: Employment/Education Verification

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3. Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

EMPLOYMENT

Employment A

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment B

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment C

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment D

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment E

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment F

Job Title: _____

Organization Name and Address: _____

Dates Worked: From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

EDUCATION

Education A

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education B

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education C

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education D

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

CERTIFICATION – IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING
IF NOT SIGNED, THIS EXAMINATION MAY BE DISQUALIFIED

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the individuals or educational institutions you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate employment and/or education information may result in a low score or disqualification from this Examination.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided on this Examination, you may be disqualified from this process, removed from the certification list(s), suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

I certify and understand that all statements I have made in this Examination are true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications. Failure to include original signature may result in disqualification.

Signature

Date

FILING INSTRUCTIONS

Please submit your completed Qualifications Assessment Examination and a State Application (STD 678) as follows:

Mail or Hand Deliver to:

California Department of Veterans Affairs
Examination Unit
1227 O Street, Room 404
Sacramento, CA 95814
Phone: (916) 653-2535
Email: exams@calvet.ca.gov
Website: www.calvet.ca.gov

Name: _____

MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications on his/her application by the date it is received. If not, the candidate's application in the examination process will be rejected and his/her Qualifications Assessment Examination will not be scored. Please ensure that your State Application (STD. 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

Ability to speak, read, and write English at a level required for successful job performance.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to abide by and adhere to the departmental policies and procedures if appointed to a position with the State of California? **Yes** **No**
2. Are you willing to report to work on time and follow procedures for reporting absences? **Yes** **No**
3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public? **Yes** **No**
4. Are you willing to undergo an annual health review? **Yes** **No**
5. Are you willing to undergo an annual TB testing? **Yes** **No**
6. Are you willing to keep current with the completion of all required training? **Yes** **No**

STATE EMPLOYMENT INFORMATION FOR PREVIOUSLY DISMISSED EMPLOYEES

Complete this section ONLY if you have been previously **dismissed** from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU**, please skip this question.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

1. **Do you have written permission from the State Personnel Board Executive Officer to take this examination?**
 Yes
 No
 Not Applicable (Most Common)

Section 2: Task Ratings

Instructions:

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-20, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**.

Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

- Ensure you have marked at least one box for each item in the Verification column.
- Make sure the Verification column is marked correctly for the Employment/Education you indicated.

EXPERIENCE / EDUCATION SCALE

I have performed this task for:

- 4 – More than four years.
- 3 – More than three years and up to four years.
- 2 – More than two years and up to three years.
- 1 – Less than two years.
- 0 – Not performed.

FREQUENCY SCALE

I have performed this task:

- 4 - More than 30 times.
- 3 - At least 21-30 times.
- 2 - At least 11-20 times.
- 1 - At Least 1-10 times.
- 0 - 0 times.

Item	Task / Duty	Experience / Education	Frequency	Verification	
				Employment (Emp)	Education (Edu)
1	Patrol buildings and grounds monitoring for suspicious activity or unauthorized people.			<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
2	Inspect premises and grounds by examining doors, windows, and gates.			<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
3	Assist in the search for missing individuals.			<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D

Item	Task / Duty	Experience / Education	Frequency	Verification Employment (Emp) Education (Edu)
4	Respond to reports of trespassing or suspicious vehicle/person in restricted areas or after dark.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
5	Investigate disturbances and incidents.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
6	Keep records of all incidents that occur during shift in a daily security log and prepare reports (incident and activity).			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
7	Prevent the admittance to the premises of unauthorized persons.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
8	Protect property and theft prevention by physical presence while making security checks throughout the building.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
9	Communicate in an effective and professional manner.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
10	Inspect electrical, plumbing, heating, and other equipment.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
11	Respond to intrusion alarms and/or contact law enforcement.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

Item	Task / Duty	Experience / Education	Frequency	Verification Employment (Emp) Education (Edu)
12	Monitor and authorize entrance and departure of patients, personnel, and visitors.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
13	Report unusual conditions to the proper personnel, including law enforcement.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
14	Provide information or direction to the public.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
15	Escort or drive motor vehicles.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
16	Provide controlled access to an incident area within the building and coordinate with outside responders.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
17	Contact law enforcement or fire department in the event of an emergency (e.g., fire, unauthorized person, vandalism, etc.).			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
18	Understand and comply with federal, state, county, and local safety laws, rules, regulations, and policies as required.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
19	Occasionally operate automotive equipment (e.g., small truck, golf cart, etc.) to and from work areas.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

Item	Task / Duty	Experience / Education	Frequency	Verification Employment (Emp) Education (Edu)
20	Ensure coverage of assigned post.			<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

Instructions:

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-27, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in Section 1: Employment/Education Verification.
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
 - Ensure you have marked at least one box for each item in the Verification column.
 - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

EXPERIENCE / EDUCATION SCALE

I have applied this knowledge, skill, and/or ability for:

4 – More than four years.

3 – More than three years and up to four years.

2 – More than two years and up to three years.

1 – Less than two years.

0 – Not performed.

Item	Knowledge/Skill/Ability	Experience / Education	Verification	
			Employment (Emp)	Education (Edu)
1	Comprehensive knowledge of duties and responsibilities of a security guard.		<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
2	Comprehensive knowledge of facility grounds, including the names of buildings and locations of the gates/doors.		<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
3	Basic knowledge of laws, regulations, and policies related to providing security at a State facility.		<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp __	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D

Item	Knowledge/Skill/Ability	Experience / Education	Verification Employment (Emp) Education (Edu)
4	Basic knowledge of proper spelling, grammar, and sentence structure.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
5	Working knowledge of communication skills (e.g., oral and written).		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
6	Working knowledge of communication equipment (e.g., telephone, two-way radio, etc.).		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
7	Working knowledge of operating motorized vehicles (e.g., golf cart, Segway, car, etc.).		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
8	General knowledge of Cal OSHA, DMV, and CHP rules, laws, and safety regulations.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
9	Skill in safely operating motorized vehicles (e.g., golf cart, Segway, car, etc.).		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
10	Ability to understand and carry out oral and written directions.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
11	Ability to think and act quickly in emergencies and adopt an effective course of action.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

Item	Knowledge/Skill/Ability	Experience / Education	Verification Employment (Emp) Education (Edu)
12	Ability to prepare and provide clear, concise, and accurate reports of incidents.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
13	Ability to stand for prolonged periods.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
14	Ability to communicate well with supervisors, patients, staff, and others.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
15	Ability to read and write at a level appropriate for successful job performance.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
16	Ability to use good judgment when faced with conflicting instructions and/or policies.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
17	Ability to interact with supervisors, patients, staff, and the general public.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
18	Ability to use a telephone and two-way radio.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
19	Ability to independently make decisions and provide recommendations when confronted with situations when back up has not yet arrived.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

Item	Knowledge/Skill/Ability	Experience / Education	Verification Employment (Emp) Education (Edu)
20	Ability to abide by and adhere to department safety and security policies and procedures.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
21	Ability to follow oral and written directions.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
22	Ability to speak clearly so others can understand information that is given.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
23	Ability to concentrate on a task over a period of time without being distracted.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
24	Ability to apply general rules to specific problems.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
25	Ability to read a watch to document the time that an occurrence or incident has happened in a report.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
26	Ability to work effectively as part of a team.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __
27	Ability to identify safety or security hazards in the workplace.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp __

TYPE OF EMPLOYMENT YOU WILL ACCEPT

Please select all locations and tenures for which you are willing to accept employment. If you are successful in the examination, your name will be placed on the employment list and referred to fill vacancies according to the conditions you specify on this form.

- Permanent – Full Time. Limited Term – Full Time.
- Permanent – Part Time. Limited Term – Part Time.
- Permanent – Intermittent. Limited Term – Intermittent.

ANYWHERE IN THE STATE – If checked, no further selection is necessary.

NOTE: If you select more than 15 counties below, you may be considered available for work anywhere in the State.

8004 ANYWHERE IN THE NORTHERN REGION

8001 ANYWHERE IN THE CENTRAL REGION

8011 ANYWHERE IN THE SOUTHERN REGION

OR make Northern Region county choices below.

OR make Northern Region county choices below.

OR make Northern Region county choices below.

- 0400 Butte
- 0600 Colusa
- 0800 Del Norte
- 1100 Glen
- 1200 Humboldt
- 1700 Lake
- 1800 Lassen
- 2300 Mendocino
- 2500 Modoc
- 2900 Nevada
- 3100 Placer
- 3200 Plumas
- 4500 Shasta
- 4600 Sierra
- 4700 Siskiyou
- 5100 Sutter
- 5200 Tehama
- 5300 Trinity
- 5800 Yuba

- 0100 Alameda
- 0200 Alpine
- 0300 Amador
- 0500 Calaveras
- 0700 Contra Costa
- 0900 El Dorado
- 1000 Fresno
- 2000 Madera
- 2100 Marin
- 2200 Mariposa
- 2400 Merced
- 2700 Monterey
- 2800 Napa
- 3400 Sacramento
- 3500 San Benito
- 3800 San Francisco
- 3900 San Joaquin
- 4100 San Mateo
- 4300 Santa Clara
- 4400 Santa Cruz
- 4800 Solano
- 4900 Sonoma
- 5000 Stanislaus
- 5500 Tuolumne
- 5700 Yolo

- 1300 Imperial
- 1400 Inyo
- 1500 Kern
- 1600 Kings
- 1900 Los Angeles
- 2600 Mono
- 3000 Orange
- 3300 Riverside
- 3600 San Bernardino
- 3700 San Diego
- 4000 San Luis Obispo
- 4200 Santa Barbara
- 5400 Tulare
- 5600 Ventura



Please notify us promptly of address or location preference changes at:

California Department of Veterans Affairs
 Examination Unit
 1227 O Street, Room 404, Sacramento CA 95814
 or contact us by calling (916) 653-2535 or emailing exams@calvet.ca.gov.



State of California Application Instructions

Read the following instructions carefully before completing this application. Please complete the application on a 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 apply for a job, 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.

Social Security Number (SSN) – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). However, a SSN may be needed to process your application when granting items such as Veterans' Preference, Limited Examination and Appointment Program (LEAP), Career Credits, and/or confirming list eligibility.

Examination(s) or Job Title(s) – Provide the title of the position listed on the announcement.

Question 2 – 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. 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." Explain any "Yes" answers in the Explanations section. Briefly describe the facts, findings, 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 2 if:

you have been rejected during a probationary period;
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, 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 in the Employment History section of the application.

Question 3 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "Yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board,

state employer, or other governmental unit within California state civil service, where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with the state or any state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University.

Question 4 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a particular state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer "Yes" to this question, please provide the name of the particular agency and the details in the Explanations section.

Question 10 – If you checked "Yes" and you are not able to attach the Accommodation Request form, you will be contacted via telephone or mail to make specific arrangements.

Explanations – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

Applicant's Signature – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected. Electronic submission of your application through a CalCareer Account certifies your application in place of a signature and date signed.

Education – You must include a complete record of your training and educational background. Please read the requirements of the examination bulletin for any specific educational requirements. If more space is needed, you may attach additional documentation.

Licenses – If the examination bulletin requires 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.

Employment History and Experience – You must include a complete list of your paid and/or volunteer work experience **that 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 if they directly relate 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.**

Requesting Veterans' Preference – If you have not previously applied and been approved for Veterans' Preference, you must complete and submit the Veterans'

Preference Form, CALHR-1093 to the California Department of Human Resources.

Equal Employment Opportunity Page – Providing this information is voluntary. This data is only to be used for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

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, it is recommended that you keep a copy of your completed application for your records. Your rights to inspect your examination papers are set forth in Title 2, section 186 -189 of the California Code of Regulations, which can be accessed at Office of Administrative Law website at: oal.ca.gov.

Information About Disability

Physical disability includes but is not limited to having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that affects one or more of several body systems and limits a major life activity. The body systems listed include the neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine systems. A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity, such as working, if it makes the achievement of the major life activity difficult.

Mental disability includes but is not limited to having any mental or psychological disorder or condition, such as intellectual or cognitive disability, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity, or having any other mental or psychological disorder or condition that requires special education or related services.

Major life activities are defined broadly and include physical, mental, and social activities, including but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Major life activities include the operation of major bodily functions, including functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions.

Major bodily functions include the operation of an individual organ within a body system.

An impairment "limits" a major life activity if it makes the achievement of the major life activity difficult.

Medical condition is defined as any health impairment related to or associated with a diagnosis of cancer or a record or history of cancer, or a genetic characteristic.

Genetic characteristic is defined as any scientifically or medically identifiable gene or chromosome or an inherited characteristic that could statistically lead to increased development of a disease or disorder.

California Code of Regulations, Title 2, section 11065.

State of California Application

PRINT OR TYPE

APPLICANT'S NAME (Last) _____ (First) _____ (M.I.) _____		CALCAREER ID _____	
MAILING ADDRESS (Number) _____ (Street) _____ (Apt #) _____		SOCIAL SECURITY NUMBER (Exams Only) _____	
(City) _____	(County) _____	(State) _____	(Zip Code) _____
E-MAIL ADDRESS _____	1st TELEPHONE NUMBER _____	Work Home Other _____	2nd TELEPHONE NUMBER _____
		Work Home Other _____	

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING _____	PERSONNEL USE ONLY
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STANDARD EMPLOYMENT QUESTIONS

1. Are you now employed by the State of California? If "Yes," fill in the information below. _____ Yes No
 Department: _____ Subdivision: _____
2. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If "Yes," give details in the "Explanation" section below and refer to the instructions page for further information. _____ Yes No
3. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency? _____ Yes No
4. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency? _____ Yes No
5. In addition to English, list any other languages you are fluent in:
 - a. Verbal fluency in _____
 - b. Written fluency in _____

ANSWER THE FOLLOWING QUESTIONS ONLY IF THE EXAM BULLETIN OR JOB POSTING REQUIRES THE INFORMATION

6. For typing applicants only: I certify I can type at a speed of _____ words per minute.
7. Do you meet the minimum and/or maximum age requirements? _____ Yes No
8. Do you possess a valid California Driver License? If "Yes," fill in the information below. _____ Yes No
 License #: _____ Class: _____ Restrictions: _____

ANSWER THE FOLLOWING QUESTIONS IF APPLYING TO TAKE AN EXAMINATION

9. Enter your preferred county to take the examination, if different from your county of residence: _____
10. Do you need an accommodation to take an examination or assessment? If "Yes," complete the Accommodation form. Yes No

NOTE: If you are a veteran, widow or widower of a veteran, or spouse of a 100% disabled veteran, you may qualify for Veterans' Preference. For information regarding Veterans' Preference see www.calcareers.ca.gov or www.calvet.ca.gov.

EXPLANATIONS: Provide details of any response that requires additional information.

CERTIFICATION – IMPORTANT – READ BEFORE SIGNING – YOUR SIGNATURE IS REQUIRED FOR HARD COPY SUBMISSION

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				Flags _____ WC _____	FOR PERSONNEL USE ONLY		
WC for Series/Levels									STATUS		Accepted	REJECTED WC	
RC/Flag for Series/Levels									EXPERIENCE		LICENSE REQUIREMENT		
										EDUCATION	OTHER		
										STAFF	DATE PROCESSED		
CODES													

APPLICANT'S NAME (<i>Last</i>)	(<i>First</i>)	(<i>M.I.</i>)	CALCAREER ID
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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 — BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL, NAME AND LOCATION	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 – List relevant paid, military and/or volunteer experience that relate to the qualification requirements. List each job separately.

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (<i>Include Range or Level, if applicable</i>)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
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FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

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APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
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FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		
DUTIES PERFORMED			
REASON FOR LEAVING			

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		
DUTIES PERFORMED			
REASON FOR LEAVING			

EXAMINATION / EMPLOYMENT APPLICATION

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APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
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FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
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FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

CalHR Privacy Notice on Information Collection

The California Department of Human Resources (CalHR) is committed to the privacy of your personal information. The information requested on this form may include personal information. Under the Information Practice Act of 1977, California Civil Code section 1798.17, agencies/departments that use this form to collect personal information from individuals are required to provide a privacy notice with this form. For more information, you may wish to contact the appointing authority at which you are applying to receive information regarding that appointing authority's privacy policy, and privacy notice on information collection.

Legal Authority for Collection and Use of Information

CalHR is requesting the information specified on this form pursuant to Government Code sections 8310.5, 11019.11, 12946, 18720, 18720.1, 19233, 19234, 19705, 19790, 19792(h) and the California Code of Regulations, Title 2, sections 599.980, 11013(b).

The information collected will be used for scheduling examinations, determining your eligibility for state civil service, and contacting you. Information will also be used for statistical and analytic purposes, audit purposes and may be disclosed to the appointing authority to which you apply.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to determine your eligibility for state civil service employment.

Disclosure and Sharing

CalHR does not, under any circumstance, sell your electronically collected personal information. In addition, Government Code section 11015.5 (6) prohibits CalHR and all state agencies from distributing or selling any electronically collected personal information, as defined above, about users to any third party without the written permission of the user. Any distribution of electronically collected personal information will be used solely for its intended use. However, we may share your personal information under the following circumstances:

1. To other state departments and third party vendors for administering our human resource responsibilities as required by law;
2. You give us permission and we have your consent; and/or
3. We may release information to a party with a legal authority, such as a subpoena.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at <http://calhr.ca.gov/pages/privacy-policy.aspx>.

Access to Your Information

You can view your personal information through your CalCareer account. If you have questions regarding your CalCareer account, you may contact the CalHR Selection Division.

CalHR Selection Division
1515 S Street, Room, 500N
Sacramento, CA 95811
866-844-8671

EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: This data assists the State of California in its commitment to equal employment opportunity. Applicants are asked to voluntarily provide the information below. This questionnaire will be separated from the application and will not be used in any employment decisions. This data will be used for statistical data gathering and reporting purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

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

RACE AND ETHNICITY

Check one box that best describes your race or ethnicity.

	ASIAN	PACIFIC ISLANDER
<p>BLACK or AFRICAN AMERICAN (F)</p> <p>AMERICAN INDIAN or ALASKA NATIVE (H)</p> <p>HISPANIC or LATINO (alone or in combination with any other race) (D)</p> <p>WHITE (E)</p> <p>MULTIPLE RACES* (X)</p>	<p>Multiple Asian** (S)</p> <p>Indian (M)</p> <p>Cambodian (U)</p> <p>Chinese (J)</p> <p>Filipino (G)</p> <p>Japanese (I)</p> <p>Korean (K)</p> <p>Laotian (V)</p> <p>Vietnamese (L)</p> <p>Other Asian (S)</p>	<p>Multiple Pacific Islander*** (T)</p> <p>Guamanian (R)</p> <p>Hawaiian (P)</p> <p>Samoaan (Q)</p> <p>Other Pacific Islander (T)</p>

I choose not to identify.

* If you identify with more than one race that is Non-Hispanic or Latino, select Multiple Races.

** If you identify with more than one Asian ethnicity, select Multiple Asian.

*** If you identify with more than one Pacific Islander ethnicity, select Multiple Pacific Islander.

DISABILITY

A person with a disability is an individual who:

- 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;
- has a record or history of such impairment or medical condition; or
- is regarded as having such an impairment or medical condition.

Please refer to the instructions for more information regarding how disability is defined under the law.

Yes, I have a disability

No, I do not have a disability

MILITARY

Have you ever served in the United States military? Please check the appropriate box below.

Yes, I have served in the military

No, I have not served in the military

AUTHORITIES

Government Code sections 8310.5, 11019.11, 12946, 19233, 19234, 19705, 19790, 19792(h) and California Code of Regulations, Title 2, sections 599.980, 11013(b) authorize the State of California to collect demographic information on job applicants and exam participants for analysis and statistical purposes.

Thank You For Completing This Questionnaire