



# 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who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn (unilaterally or as part of a settlement agreement) or revoked need not answer "Yes."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contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement).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](http://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.



APPLICANT'S NAME (Last)	(First)	(M.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 (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			

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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			

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

**BLACK or AFRICAN AMERICAN** (F)

**AMERICAN INDIAN or ALASKA NATIVE** (H)

**HISPANIC or LATINO** (alone or in combination with any other race) (D)

**WHITE** (E)

**MULTIPLE RACES\*** (X)

#### ASIAN

Multiple Asian\*\* (S)

Indian (M)

Cambodian (U)

Chinese (J)

Filipino (G)

Japanese (I)

Korean (K)

Laotian (V)

Vietnamese (L)

Other Asian (S)

#### PACIFIC ISLANDER

Multiple Pacific Islander\*\*\* (T)

Guamanian (R)

Hawaiian (P)

Samoa (Q)

Other Pacific Islander (T)

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**