

**22ND DISTRICT AGRICULTURAL ASSOCIATION/DEL MAR FAIRGROUNDS
HUMAN RESOURCES
QUALIFICATIONS ASSESSMENT FOR
MAINTENANCE WORKER, DISTRICT FAIRS**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for MAINTENANCE WORKER, DISTRICT FAIRS, with the California Exposition, State Fair. The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto an eligible list for the classification listed above. The list will be used by the 22nd District Agricultural Association/Del Mar Fairgrounds to fill existing vacancies.

A "Conditions of Employment" form is included in this examination which will allow you to select the time bases you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

You will be evaluated based on your ability to follow directions and read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions will be eliminated from this examination(s).

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

YOUR COMPLETED QUALIFICATIONS ASSESSMENT AND STATE APPLICATION MUST INCLUDE YOUR ORIGINAL SIGNATURE AND MUST BE RECEIVED OR POSTMARKED BY **CUT-OFF DATES**, COMPLETED QUALIFICATIONS ASSESSMENTS AND STATE APPLICATIONS MUST BE MAILED OR DELIVERED TO THE FOLLOWING LOCATION:

Mail to:

22ND District Agricultural Association
Human Resources
2260 Jimmy Durante Blvd.
Del Mar, CA 92014

or

Deliver in Person to:

22ND District Agricultural Association
Human Resources
2260 Jimmy Durante Blvd.
Del Mar, CA 92014

NOTE:

- Candidates whose Qualifications Assessment is postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- Be sure your envelope has **adequate postage** if submitted via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

GENERAL INSTRUCTIONS

Read instructions carefully

Do not attach any additional documents to this Qualifications Assessment or send any forms/documents in advance. This process is the entire examination for the above classification(s). Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score.

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on separate eligible lists for the classification(s) listed above.
3. The examination is intended to provide candidates with the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for MAINTENANCE WORKER, DISTRICT FAIRS. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 5)
- General Instructions (page 6)
- Prior State Employment Information (page 7)
- Conditions of Employment (page 8)
- Minimum Qualifications (page 9)
- Job Requirements (page 9)
- MAINTENANCE WORKER, DISTRICT FAIRS Work Experience (pages 10 - 11)
- MAINTENANCE WORKER, DISTRICT FAIRS Knowledge Assessment (page 12)

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list(s)
- Loss of State employment
- Loss of rights to compete in any future State examinations.

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next 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.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**AVAILABLE POSITIONS
IN DEL MAR
IN THE STATE OF CALIFORNIA**

After list release, please notify the 22nd District Agricultural Association/ Del Mar Fairgrounds promptly of any address changes or availability for employment at the following address:

22ND District Agricultural Association
Attn: Human Resources
2260 Jimmy Durante Blvd.
Del Mar, CA 92014

CONDITIONS OF EMPLOYMENT FORM FOR LISTINGS

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time (R) Permanent Part-Time (K) Limited-Term Full-Time (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

MINIMUM QUALIFICATIONS

EITHER I

Six months' experience in the California state service performing the duties of a Fairground Attendant, District Fairs.

Or II

One year of experience in the California state service performing the duties of a Service Assistant (Maintenance) or one year experience as a Corps member with the California Conservation Corps performing maintenance related duties.

Or III

One year of experience in construction, building repair, or mechanical trades work.

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 Del Mar Fairgrounds' dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to comply with departmental training requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to report unethical and/or illegal behavior on the part of departmental staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to accept constructive criticism and respond appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote a positive, collaborative, and professional working environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to participate in team meetings, committees, special projects, etc. as required and/or assigned by your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work in a team environment to complete assigned work tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to have and maintain a valid California driver's license appropriate to the type of vehicle your work duties require you to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION I
WORK EXPERIENCE – MAINTENANCE WORKER, DISTRICT FAIRS

		Length of Experience				
		Extensive Experience	Moderate Experience	Basic Experience	Limited Experience	Minimal Experience
<p>Note to Applicant: For items #1 - #30, refer to the scale description below and rate your level of experience.</p> <p>Definition of Levels:</p> <p>Extensive Experience: Experience <u>performing</u> this task.</p> <p>Moderate Experience: Experience <u>performing</u> this task.</p> <p>Basic Experience: Experience <u>performing</u> this task.</p> <p>Limited Experience: Experience <u>performing</u> this task.</p> <p>Minimal Experience: 6 months or less experience <u>performing</u> this task.</p>						
1.	Performing scouring of sinks, toilets, shower stalls using various tools (e.g., scrub brushes, scrappers, cloths, mops, buckets, sponges, rubber gloves, etc.).					
2.	Operating motorized equipment (e.g., forklift, aerial lifts etc.).					
3.	Operating small equipment (e.g., scrubbers, buffers, wet/dry vacuum, etc.).					
4.	Operating small, motorized vehicles (e.g., light trucks, golf carts etc.).					
5.	Demonstrating use of hand equipment (e.g., shovels, rake etc.).					
6.	Performing event planning duties.					
7.	Participating as a team member on maintenance projects/committees.					
8.	Removing and replaces light globes and tubes in general office areas using safety equipment (e.g., ladder, safety glasses, gloves, etc.).					
9.	Effectively communicating verbally and in writing (e.g., telephone, writing memos etc.).					
10.	Participating in the proper use of chemicals and safety practices.					
11.	Preparing, stored, chemicals used to perform assigned work tasks according to manufacturer's instructions.					
12.	Acting in a lead-person capacity.					
13.	Effectively participating in handling difficult customers.					
14.	Demonstrating the use of hand-held radio for communication.					
15.	Participating in training and staff meetings.					
16.	Performing duties such as lifting with at least 25 pounds of weight.					
17.	Performing duties such as standing on a ladder/building at least 25 feet high.					
18.	Performed power equipment checks to ensure that they are in safe operating condition.					
19.	Organizing and prioritize work according to ensure timeframes are met.					

SECTION I
WORK EXPERIENCE – MAINTENANCE WORKER, DISTRICT FAIRS

		Length of Experience				
		Extensive Experience	Moderate Experience	Basic Experience	Limited Experience	Minimal Experience
<p>Note to Applicant: For items #1 - #30, refer to the scale description below and rate your level of experience.</p> <p>Definition of Levels:</p> <p>Extensive Experience: Experience <u>performing</u> this task.</p> <p>Moderate Experience: Experience <u>performing</u> this task.</p> <p>Basic Experience: Experience <u>performing</u> this task.</p> <p>Limited Experience: Experience <u>performing</u> this task.</p> <p>Minimal Experience: 6 months or less experience <u>performing</u> this task.</p>						
20.	Participating in training and staff meetings.					
21.	Performing emptying and clean indoor and outdoor waste receptacles and relining containers.					
22.	Performing high and low dusting using various tools and equipment (e.g., vacuum, ladder, clothes, cleaning solutions, etc.).					
23.	Performing moving and arranging (setup/take down) of furniture (e.g., chairs, tables etc.) for events.					
24.	Conducting inventory of equipment, supplies, and materials.					
25.	Performing duties such as installing and maintaining shade tarps.					
26.	Conducting and reporting safety hazards incidents.					
27.	Attended safety classes for trips and fall hazards.					
28.	Conducting and reporting maintenance equipment repairs.					
29.	Monitor janitorial supplies in order to restock.					
30.	Identify problems and take corrective action.					

SECTION II
KNOWLEDGE ASSESSMENT – MAINTENANCE WORKER, DISTRICT FAIRS

		Level of Knowledge			
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	Limited Knowledge
<p>For items #31 - #40, please rate your level of knowledge by indicating the box that best describes your level of knowledge in each of the following areas.</p> <p>Definition of Levels:</p> <p>Extensive Knowledge: I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.</p> <p>Moderate Knowledge: I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to an actual job.</p> <p>Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p>Limited Knowledge: I possess little or no education or training relevant to this knowledge.</p>					
31.	Knowledge of Materials Safety Data Sheet (MSDS).				
32.	Knowledge of preparation and delivery of assistance to perform required duties.				
33.	Knowledge of Biohazard Signs and Symbols.				
34.	Knowledge of Health and Safety practices.				
35.	Knowledge of attendance, punctuality, and dependability.				
36.	Knowledge of Medical Waste Disposal Regulations/Safe Handling Practices.				
37.	Knowledge of materials used to clean facilities.				
38.	Knowledge of tools used to maintain public facilities.				
39.	Knowledge of and operate small hand-held equipment (i.e., lawn mower, trimmers and blowers etc.).				
40.	Knowledge of policies and/or procedures regarding ladder safety, equipment safety, personal protective equipment.				

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR
 MAINTENANCE WORKER, DISTRICT FAIRS**

Please refer to page one for mailing instructions

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 the 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
---	-------------------------------

STANDARD EMPLOYMENT QUESTIONS

- Are you now employed by the State of California? If "Yes," fill in the information below. Yes No
 Department: _____ Subdivision: _____
- 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
- 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
- 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
- In addition to English, list any other languages you are fluent in:
 - Verbal fluency in _____
 - Written fluency in _____

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

- For typing applicants only: I certify I can type at a speed of _____ words per minute.
- Do you meet the minimum and/or maximum age requirements? Yes No
- 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

- Enter your preferred county to take the examination, if different from your county of residence: _____
- 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 _____	FOR PERSONNEL USE ONLY		
WC for Series/Levels										WC _____		STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> REJECTED WC	
RC/Flag for Series/Levels												EXPERIENCE	LICENSE REQUIREMENT
												EDUCATION	OTHER
											STAFF	DATE PROCESSED	

CODES

EXAMINATION / EMPLOYMENT APPLICATION

APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
-------------------------	---------	--------	--------------

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
-------------------------	---------	--------	--------------

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
-------------------------	---------	--------	--------------

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
-------------------------	---------	--------	--------------

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
-------------------------	---------	--------	--------------

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 <input type="checkbox"/> Under 21 (1) <input type="checkbox"/> 21-39 (3) <input type="checkbox"/> 40-69 (6) <input type="checkbox"/> 70 and Over (7)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
------------------------	---	---

RACE AND ETHNICITY

Check one or more boxes that best describe your race or ethnicity.

<input type="checkbox"/> BLACK or AFRICAN AMERICAN (F) <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE (H) <input type="checkbox"/> HISPANIC or LATINO (D) <input type="checkbox"/> WHITE (E)	ASIAN <input type="checkbox"/> Indian (M) <input type="checkbox"/> Cambodian (U) <input type="checkbox"/> Chinese (J) <input type="checkbox"/> Filipino (G) <input type="checkbox"/> Japanese (I) <input type="checkbox"/> Korean (K) <input type="checkbox"/> Laotian (V) <input type="checkbox"/> Vietnamese (L) <input type="checkbox"/> Other Asian (S)	PACIFIC ISLANDER <input type="checkbox"/> Guamanian (R) <input type="checkbox"/> Hawaiian (P) <input type="checkbox"/> Samoan (Q) <input type="checkbox"/> Other Pacific Islander (T)
--	---	--

I choose not to identify.

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