STATE OF CALIFORNIA — STATE PERSONNEL BOARD

EXAMINATION/EMPLOYMENT APPLICATION

STD. 678 (REV. 6/2010) Page 1

Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.

PRINT OR TYPE — PLEASE SEE INSTRUCTIONS ON BACK PAGE

FIRS	LICANT IDENT	OF [`) H OF BIR	тн Га) 8 D/	AY OF B	IRTH [2 0		OIGITS OF S		8 4	2 1	EASY ID sbkent2000		
APPLICANT'S NAME (Last) K e n MONTH OF BIRTH 0 8 DAY									SECURITY NUMBER						SOCIAL SECURITY NUMBER				
								-								097-48-8421			
Kent Stephen MAILING ADDRESS (Number) (Street) E-MAIL ADDRES								RESS						WORK TELEPHONE NUMBER					
735 College Street stephen.b.kent@sbcglobal.net										(530) 848-9220									
									(State)					HOME/VRS/TTY TELEPHONE NUMBER					
-	Woodland Yolo CA 95695											_	(530) 668-8663						
EX	AMINATION(S	OR JO	B TITLE	(S) FOR	WHIC	H YOU A	RE APP	LYING											PERSONNEL USE ONLY
SE	NIOR ELE	ECTR	ONIC	DAT.	A PR	OCES	SING	ACQUI	SITIO	N SPE	CIALI	ST (SUF	ERVISO	ORY)					·
AN	SWER THE	FOLLO	WING	QUES.	rions														
1.	Enter the examinat								ə:				m da sover del son en evento, men incomer	***************************************					
2.	Do you ne	ou need reasonable accommodation to take an interview or written test?									YES	✓ NO							
3.	Do your re	our religious beliefs prevent you from taking an examination on Saturday?										√ NO							
4.		e you now employed by the State of California? (If "YES", fill in the information below.)									✓ NO								
	Departme																1	- Arriva	
5.	performar dismissal need not	ave you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose smissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked seed not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the uplanations section.																	
6. 7.		pos pos	sess v	verbal vritten	fluenc fluenc	y in _ cy in _						applicants							
3	SWER QUES																		
8.																	VES	□ NO	
9.	Do you possess a valid California Driver License? (If "YES", fill in the information below.) YES License# U1044764 Class: C Restrictions: Corrective Lenses										NO								
EY	PLANATIO	NS																	
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APP	LICANT'S SIG	NATURE	E j	-						-			3			T	DATE SIGNED		
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