Pharmacy Technician

Examination Announcement

Statewide Open Examination for all State Departments

Final Filing Date: Continuous Filing

Salary: $2,868.00 - $4,076.00

EEO

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

DRUG FREE STATEMENT

It is an objective of the state of California to achieve a drug-free state work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service and the special trust placed in public servants.

WHO SHOULD APPLY?

Candidates who meet the minimum qualifications as stated may apply for this examination. Once you have taken the examination, you may not reapply for twelve (12) months. All applicants must meet the education and/or experience requirements as stated on this examination announcement.

FILING INSTRUCTIONS

Applicants may apply via mail or hand deliver the application and Qualifications Assessment to the Human Resources Division at the address listed below. Applications (STD. 678) are available at CalHR’s website https://www.jobs.ca.gov/pdf/std678.pdf. Submit an Examination Application (STD 678) And a Qualifications Assessment to the address listed below:

California Department of Veterans Affairs (CalVet)
Attn: Pharmacy Technician
1227 O Street, Room 404
Sacramento, CA 95814

The testing office will accept Examination Applications (STD. Form 678) And Qualifications Assessments continuously and will notify and test applicants on an as needed basis.

The Qualifications Assessment for Pharmacy Technician can be downloaded from the California Department of Veterans Affairs web site at: https://www.calvet.ca.gov/ or copies may be obtained by calling (916) 653-2535, or by going to the address listed above.

Submit applications only to the address indicated above. Do not submit to the California Department of Human Resources (CalHR).
NOTE: Only applications with original signature will be accepted. Facsimiles (FAX) or emailed applications will not be accepted under any circumstances.
SPECIAL TESTING ARRANGEMENTS

If you have a disability and need special assistance or special testing arrangements, mark the appropriate box on the “Examination Application”. You will be contacted to make special arrangements.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

NOTE: All applicants must meet the education and/or experience requirements as stated on this examination bulletin by the final filing date. Your signature on your application indicates that you have read, understood, and possess the qualifications required.

NOTE: Applications/resumes MUST contain the following information: “to” and “from” dates (month/day/year), time base, civil service class title(s), and range, if applicable. College course information MUST include: title, semester or quarter credits, name of institution, completion dates, and degree (if applicable).

Applications/resumes received without this information may be rejected.

MINIMUM QUALIFICATIONS

Possession of a valid certificate of registration as a Pharmacy Technician issued by the State Board of Pharmacy set forth in Section 4115 and 4202 of the Business and Professions Code.

(Registration requirements shall not apply during the first year of employment for a person employed or utilized as a Pharmacy Technician to assist in the filling of prescriptions for a person receiving treatment in a facility operated by the State Department of Veterans Affairs.) AND

Either I: One year of clerical work experience in a pharmacy relieving a pharmacist of clerical or subprofessional duties. Primary duties must have included stocking shelves with pharmaceutical supplies or typing pharmaceutical labels. [Experience in the California state service applied toward this requirement must be in class at a level of responsibility not less than that of an Office Assistant (General), Range B.]

(Academic education above the 12th grade may be substituted for the experience on the basis of one year of education of a science or mathematical nature being equivalent to six months’ experience. Students who are enrolled in the last semester or its equivalent of course work which upon completion will fulfill these requirements will be admitted to the examination, but they must submit evidence of completion before they can be considered for appointment.)

Or II: Completion of an academic curriculum and formal on-the-job training program for Pharmacy Technician.

POSITION DESCRIPTION

Under the direct supervision of a pharmacist in a State facility, to perform basic services in a pharmacy and technical pharmaceutically related duties which do not require licensure; and to do other related work.

ELIGIBLE LIST INFORMATION

Names of successful competitors are merged onto the list in order of final scores, regardless of date. Eligibility expires after 12 months unless the needs of the services and conditions of the list warrant a change in this period. The resulting eligible list will be used to fill vacancies statewide.

EXAMINATION INFORMATION

Qualifications Assessment -- Weighted 100%

This examination will consist of a Qualifications Assessment weighted 100%. Candidates must attain an overall minimum score of 70% in order to be placed on the eligible list.

NOTE: It is especially important that each applicant take special care to accurately and completely fill out their application. List all experience relevant to the “Minimum Qualifications” shown on this announcement.

CANDIDATES WHO DO NOT COMPLETE OR SUBMIT THE QUALIFICATIONS ASSESSMENT WILL BE DISQUALIFIED.
SPECIAL PERSONAL CHARACTERISTICS

Willingness to recheck one’s own work and work within exacting and meticulous guidelines; personal hygiene that is consistent with a medical setting; and normal color vision adequate to successfully perform the job as measured by the Ishihara Pseudo-Chromatic Place Test or for persons failing the Ishihara, the Farnsworth D-15 Arrangement Test.

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of:
1. Basic clerical, record keeping and pharmaceutical office practices.
2. Weights and measures.
3. Basic pharmaceutical terminology.
4. Sterile techniques.

Ability to:
1. Follow meticulous written and oral instructions.
2. Read and write English.
3. Perform mathematical computations with accuracy.
4. Learn and distinguish subtle differences in pharmaceutical terminology.
5. Type accurately.

VETERANS PREFERENCE

Veteran’s preference credits will be added to the final score of those competitors who are successful in this examination and who qualify for, and have requested, these points. VETERANS WHO HAVE ACHIEVED PERMANENT CIVIL SERVICE STATUS ARE NOT ELIGIBLE TO RECEIVE VETERANS CREDITS.

IMPORTANT CHANGES – EFFECTIVE JANUARY 1, 2014

Assembly Bill 372, signed into law by Governor Brown on August 12, 2013, changes the way the Veterans Preference process is administered by the State of California. Veterans Preference will be awarded as follows, starting on January 1, 2014:

1. Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veteran’s preference.

2. An entrance examination is defined, under the law, as any open competitive examination.

3. Veterans Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS PREFERENCE

The California Department of Human Resources (CalHR) has information on how to apply for Veterans Preference on their website at https://www.jobs.ca.gov/Public/Jobs/Veterans.aspx and on the Application for Veterans Preference form (CalHR 1093). Additional information is also available at the Department of Veterans Affairs website at https://www.calvet.ca.gov/VetServices.

CONTACT INFORMATION

For additional information regarding this examination, please contact the Department of Veterans Affairs (CalVet Examination Unit at (916) 653-2535.

DISCLAIMER

Please click on the link below to review the official CalHR class specification: Pharmacy Technician

GENERAL INFORMATION

The Department of Veterans Affairs (CalVet) reserves the right to revise the examination plan to better the needs of the service if the circumstances change under which this examination was planned. Such revision will be in accordance with civil service laws and rules and all candidates will be notified.

Exam ID: 4VAAE   This buleting cancels and supersedes all previously issued bulletins. Revised 8/2017
Continuous Filing
It is the candidate's responsibility for an examination without a written feature to contact the Department of Veterans Affairs (CalVet) three weeks after the final filing date if he/she has not received any notification.

It is the candidate's responsibility for an examination with a written feature to contact the Department of Veterans Affairs (CalVet) six weeks after the final filing date if he/she has not received any notification.

If a candidate’s notice of oral interview fails to reach him/her 3 days prior to their scheduled appointment date due to a verified postal error, he/she will be rescheduled upon written request. It is the candidate’s responsibility to contact the CalVet at (916) 653-2535.

Examination Locations: Locations of interviews may be limited or extended as conditions warrant.

Examination Applications are available at https://www.jobs.ca.gov/pdf/std678.pdf CalHR State Jobs Center, State Personnel Board offices, local offices of the Employment Development Department and the testing department on this job bulletin.

If you meet the requirements stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

Candidates needing special testing arrangements due to a disability must mark the appropriate box on the application and/or contact the testing department.

General Qualifications: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

Eligible Lists: Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

Promotional Examinations Only: Competition is limited to employees who have a permanent civil service appointment and military veterans that meet all the minimum qualifications. Under certain circumstances, other employees may be allowed to compete under provisions of Rules 234, 235, and 235.2. State Personnel Board Rules 233, 234, 235, 235.2, and 237 contain provisions regarding civil service status and eligibility for promotional examinations. These rules may be reviewed at http://www.spb.ca.gov/

If High School Equivalence is Required: Equivalence to completion of the 12th grade may be demonstrated in any one of the following ways: 1) passing the General Educational Development (GED) Test; 2) completion of 12 semester units of college work; 3) certification from the State Department of Education, a local school board, or high school authorities that the candidate is considered to have education equivalent to graduation from high school; 4) for clerical and accounting classes, substitution of business college work in place of high school on a year-for-year basis.

College Education: The qualifications meeting the requirement “Equivalent to graduation from college” means satisfaction of the requirements for the bachelor’s degree from an accredited, recognized institution of higher education. This means the applicant must show receipt of a bachelor’s degree. Acceptable college course work must be from an accredited, recognized institution approved by the California Superintendent.

TTD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TTD Device. California Relay Service (Telephone) for the deaf or hearing impaired. From TDD phones: 1-800-735-2929 or from voice phone: 1-800-735-2922.

Department of Veterans Affairs (CalVet), Examination, 1227 O Street, Room 404, Sacramento, CA 95814
Phone: (916) 653-2535 Website: www.calvet.ca.gov
This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for PHARMACY TECHNICIAN, with the California Department of Veterans Affairs (CalVet). 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 a separate eligible list for the classification listed above. The list will be used to fill all existing vacancies statewide. A “Conditions of Employment” form is included in this examination which will allow you to select the location(s) and time base(s) 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, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may result in disqualification or a lower score from this examination.

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): __________________________ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: ______________________ WORK PHONE NUMBER: ______________________

YOUR COMPLETED STANDARD STATE APPLICATION (STD. FORM 678) AND COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL SIGNATURE. BOTH DOCUMENTS WILL BE ACCEPTED ON A CONTINUOUS TESTING BASIS. THEY MAY BE MAILED OR FILED IN PERSON TO THE FOLLOWING LOCATION:

California Department of Veterans Affairs
1227 O Street, Room 404
Sacramento, CA 95814
Attn: PHARMACY TECHNICIAN Exam

NOTE:
- Be sure your envelope has adequate postage if submitting via mail.
- Facsimiles (FAX) will NOT be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the California Department of Human Resources website at https://jobs.ca.gov/pdf/std678.pdf
Read and follow instructions carefully.

This process is the entire examination for the PHARMACY TECHNICIAN classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination.

1. Additional instructions are provided on the following pages.

2. If successful, your name will be placed on separate eligible list for the classification listed above.

3. The examination is intended to provide candidates 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 Pharmacy Technician. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Job Requirements (page 3)
- Conditions of Employment (page 4)
- Minimum Qualifications (page 5)
- Work Experience – Pharmacy Technician (pages 6-10)
- Knowledge Assessment – Pharmacy Technician (page 11)

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
- 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?

☐ YES  ☐ NO

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by checking 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.**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
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<td>2. Are you willing to report to work on time and follow procedures for reporting absences?</td>
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<td>3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?</td>
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<td>4. Are you willing to undergo an annual health review?</td>
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<td>5. Are you willing to keep current with the completion of all required training?</td>
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</table>
## CONDITIONS OF EMPLOYMENT

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.

<table>
<thead>
<tr>
<th>Tenure Type</th>
<th>Permanent – Full Time</th>
<th>Permanent – Part Time</th>
<th>Permanent - Intermittent</th>
<th>Limited Term – Full Time</th>
<th>Limited Term – Part Time</th>
<th>Limited Term - Intermittent</th>
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</tr>
</tbody>
</table>

- ☐ ANYWHERE IN THE STATE – If checked, no further selection is necessary. If you select more than 15 counties below, you may be considered available for work anywhere in the State.

### Northern Region

- ☐ 8004 ANYWHERE IN THE NORTHERN REGION or make Northern Region county choices below.
  - ☐ 0400 Butte
  - ☐ 2300 Mendocino
  - ☐ 4600 Sierra
  - ☐ 0600 Colusa
  - ☐ 2500 Modoc
  - ☐ 4700 Siskiyou
  - ☐ 0800 Del Norte
  - ☐ 2900 Nevada
  - ☐ 5100 Sutter
  - ☐ 1100 Glen
  - ☐ 3100 Placer
  - ☐ 5200 Tehama
  - ☐ 1200 Humboldt
  - ☐ 3200 Plumas
  - ☐ 5300 Trinity
  - ☐ 1700 Lake
  - ☐ 4500 Shasta
  - ☐ 5800 Yuba
  - ☐ 1800 Lassen

### Central Region

- ☐ 8001 ANYWHERE IN THE CENTRAL REGION or make Central Region county choices below.
  - ☐ 0100 Alameda
  - ☐ 2200 Mariposa
  - ☐ 4100 San Mateo
  - ☐ 0200 Alpine
  - ☐ 2400 Merced
  - ☐ 4300 Santa Clara
  - ☐ 0300 Amador
  - ☐ 2700 Monterey
  - ☐ 4400 Santa Cruz
  - ☐ 0500 Calaveras
  - ☐ 2800 Napa
  - ☐ 4800 Solano
  - ☐ 0700 Contra Costa
  - ☐ 3400 Sacramento
  - ☐ 4900 Sonoma
  - ☐ 0900 El Dorado
  - ☐ 3500 San Benito
  - ☐ 5000 Stanislaus
  - ☐ 1000 Fresno
  - ☐ 3800 San Francisco
  - ☐ 5500 Tuolumne
  - ☐ 2000 Madera
  - ☐ 3900 San Joaquin
  - ☐ 5700 Yolo
  - ☐ 2100 Marin

### Southern Region

- ☐ 8011 ANYWHERE IN THE SOUTHERN REGION or make Southern Region county choices below.
  - ☐ 1300 Imperial
  - ☐ 2600 Mono
  - ☐ 4000 San Luis Obispo
  - ☐ 1400 Inyo
  - ☐ 3000 Orange
  - ☐ 4200 Santa Barbara
  - ☐ 1500 Kern
  - ☐ 3300 Riverside
  - ☐ 5400 Tulare
  - ☐ 1600 Kings
  - ☐ 3600 San Bernardino
  - ☐ 5600 Ventura
  - ☐ 1900 Los Angeles
  - ☐ 3700 San Diego

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Please notify the Department of Veterans Affairs, Examination Unit promptly of address or location preference changes at 1227 O Street, Room 404, Sacramento CA 95814 or (916) 653-2535.
Possession of a valid certificate of registration as a Pharmacy Technician issued by the State Board of Pharmacy set forth in Section 4115 and 4202 of the Business and Professions Code.

(Registration requirements shall not apply during the first year of employment for a person employed or utilized as a Pharmacy Technician to assist in the filling of prescriptions for a person receiving treatment in a facility operated by the State Department of Veterans Affairs.) **AND**

**Either I:** One year of clerical work experience in a pharmacy relieving a pharmacist of clerical or subprofessional duties. Primary duties must have included stocking shelves with pharmaceutical supplies or typing pharmaceutical labels. [Experience in the California state service applied toward this requirement must be in a class at a level of responsibility not less than that of Office Assistance (General), Range B.]

(Academic education above the 12th grade may be substituted for the experience on the basis of one year of education of a science or mathematical nature being equivalent to six months experience. Students who are enrolled in the last semester of its equivalent of course work which upon completion will fulfill these requirements will be admitted to the examination, but they must submit evidence of completion before they can be considered for appointment.)

**Or II:** Completion of an academic curriculum and formal on-the-job training program for Pharmacy Technician. (see note below)

**Special Personal Requirements:** Willingness to recheck one’s own work and work within exacting and meticulous guidelines; personal hygiene that is consistent with a medical setting; and normal color vision adequate to successfully perform the job as measured by the Ishihara Pseudo-Chromatic Plate Test or for persons failing the Ishihara, the Farnsworth D-15 Arrangement Test.

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1. Do you possess a valid certificate of registration as a Pharmacy Technician issued by the State Board of Pharmacy set forth in Section 4115 and 4202 of the Business and Professions Code?  
   Certificate #: ___________ Issue Date: ___________ Expiration Date: ___________  
   □ Yes □ No

**Note:** If you are using “Completion of an academic curriculum and formal on-the-job training program for Pharmacy Technician” to meet the Minimum Qualifications, **you must include a copy of the certificate of completion** or transcripts that show the completion of this program in order to be eligible for this examination.
### INSTRUCTIONS
To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. (NOTE: You must check only one box for each item under “Years of Experience” AND one box for each item under “Frequency.”)

**LEVEL OF EXPERIENCE:** Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.

**FREQUENCY:** Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.

**NOTE:** There should be a total of TWO check marks for each item. **ONE** check mark for “Years of Experience” and **ONE** check mark for “Frequency.”

**ITEMS:**

<table>
<thead>
<tr>
<th>LEVEL OF EXPERIENCE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not performed</td>
<td></td>
</tr>
<tr>
<td>Performed during training only</td>
<td></td>
</tr>
<tr>
<td>Performed after licensure for less than 1 year</td>
<td></td>
</tr>
<tr>
<td>Performed after licensure for at least 1 year but less than 3 years</td>
<td></td>
</tr>
<tr>
<td>Performed after licensure for 3 years or more</td>
<td></td>
</tr>
<tr>
<td>Performed DAILY</td>
<td></td>
</tr>
<tr>
<td>Performed WEEKLY</td>
<td></td>
</tr>
<tr>
<td>Performed MONTHLY</td>
<td></td>
</tr>
<tr>
<td>Not Performed</td>
<td></td>
</tr>
</tbody>
</table>

1. Maintain records of scheduled drugs and narcotics (e.g., perpetual inventories, required biannual narcotic inventory, etc.) in order to comply with State and Federal laws, rules, and regulations, etc.

2. Enter prescription and patient data into the database (i.e., Pharmacy Prescription Tracking System [PPTS]) in order to create or update patient profiles.

3. Refill prescription orders in order to provide patient medications.

4. Accurately interpret and apply laws, rules, regulations, departmental policies and procedures, etc.

5. Prepare and reconstitute sterile intravenous solutions in order to provide the nurse or physician the prescribed doses for patient administration.

6. Type medication labels and attach to physician orders for the Pharmacist to review.

7. Appropriately handle stressful situations in the work place, in a professional and tactful manner, with a goal of avoiding further escalation.

8. Interpret patient prescriptions as directed by the physician in order to clarify directions.

9. Remove medications from storage (e.g., refrigerators, shelves, cabinets, etc.) in order to fill prescriptions/physicians orders.
**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. *(NOTE: You must check only one box for each item under “Years of Experience” and one box for each item under “Frequency.”)*

**LEVEL OF EXPERIENCE:** Check the appropriate box that best describes your level of experience for each item. *There should be 1 check mark for each item.*

**FREQUENCY:** Check the appropriate box that best describes how often you performed each item. *There should be 1 check mark for each item.*

**NOTE:** There should be a total of two check marks for each item. *One check mark for “Years of Experience” and one check mark for “Frequency.”*

**ITEMS:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Level of Experience</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Fill prescriptions for the Pharmacist to verify.</td>
<td>Not performed</td>
</tr>
<tr>
<td>11</td>
<td>Check the incoming and existing inventory of drugs and supplies in order to ensure incoming drugs are correct, free from breakage and spoilage, replenish stock, special orders, acquire newly prescribed drugs, etc.</td>
<td>Not performed</td>
</tr>
<tr>
<td>12</td>
<td>File prescription orders in order to retrieve prescription information and answer various questions.</td>
<td>Not performed</td>
</tr>
<tr>
<td>13</td>
<td>Perform routine mathematical computations in order to accurately compound, dispense, calculate doses, procure, return medications, etc.</td>
<td>Not performed</td>
</tr>
<tr>
<td>14</td>
<td>Maintain a work environment free of discrimination and harassment.</td>
<td>Not performed</td>
</tr>
<tr>
<td>15</td>
<td>Assist the Pharmacist in compounding (e.g., calculating, mixing, labeling, grinding, etc.) oral or topical preparations in order to dispense special orders, IV compounding with topical compounding.</td>
<td>Not performed</td>
</tr>
<tr>
<td>16</td>
<td>Communicate and understand general written and verbal instructions to complete assigned tasks.</td>
<td>Not performed</td>
</tr>
<tr>
<td>17</td>
<td>Conduct quality assurance for sterile intravenous solutions in order to assure patient safety.</td>
<td>Not performed</td>
</tr>
</tbody>
</table>
**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. **(NOTE: You must check only one box for each item under “Years of Experience” AND one box for each item under “Frequency.”)**

**LEVEL OF EXPERIENCE:** Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

**FREQUENCY:** Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

**NOTE:** There should be a total of TWO check marks for each item. **ONE** check mark for “Years of Experience” and **ONE** check mark for “Frequency.”

**ITEMS:**

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>LEVEL OF EXPERIENCE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Operate packaging equipment/machinery in order to prepare unit dose and/or bulk prepackaged medications.</td>
<td>Not performed</td>
<td>Performed during training only</td>
</tr>
<tr>
<td>19. Assist Pharmacist in the distribution of prescription medications including injectable medication for in-patients and out-patients in order to make available to nurses and physicians.</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
<tr>
<td>20. Maintain equipment for proper functioning and cleanliness.</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
<tr>
<td>21. Answer telephones in order to accept and/or provide a variety of information (e.g., medication on hand, etc.) to health care providers (e.g., physicians, nurses, etc.).</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
<tr>
<td>22. Responsible for the waste management (e.g., needles, intravenous solutions, chem waste, etc.), hot trash (e.g., glass bottles, metal containers, droppers, etc.), and confidential material (e.g., disposing of labels, etc.) for the safety and security of the institution and patient confidentiality.</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
<tr>
<td>23. Act on drug recall notices by reviewing and removing stock, and reviewing purchase order and patient history, if necessary, in order to prevent patient injury.</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
<tr>
<td>24. Collect and deliver medications, supplies, physician orders to various facility units (e.g., nursing, clinics, etc.) in order to provide the patient with timely medications.</td>
<td>Not performed</td>
<td>Performed after licensure for less than 1 year</td>
</tr>
</tbody>
</table>
## WORK EXPERIENCE – PHARMACY TECHNICIAN

**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. **(NOTE:** You must check only one box for each item under “Years of Experience” AND one box for each item under “Frequency.”)

**LEVEL OF EXPERIENCE:** Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

**FREQUENCY:** Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

**NOTE:** There should be a total of TWO check marks for each item. **ONE** check mark for “Years of Experience” and **ONE** check mark for “Frequency.”

### ITEMS:

<table>
<thead>
<tr>
<th>LEVEL OF EXPERIENCE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not performed</td>
<td></td>
</tr>
<tr>
<td>Performed during training only</td>
<td></td>
</tr>
<tr>
<td>Performed after licensure for less than 1 year</td>
<td></td>
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<tr>
<td>Performed after licensure for at least 1 year but less than 3 years</td>
<td></td>
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<tr>
<td>Performed after licensure for 3 years or more</td>
<td></td>
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<td>Performed DAILY</td>
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<td>Performed WEEKLY</td>
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<tr>
<td>Performed MONTHLY</td>
<td></td>
</tr>
<tr>
<td>Not Performed</td>
<td></td>
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</tbody>
</table>

25. Maintain records of various pharmacy operations (e.g., packaging, inventory, purchasing, supplies, workload, etc.) in order to retrieve and provide various information to management and other departments on a need to know basis.

26. Carry and segregate pharmaceutical supplies consistent with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.

27. Maintain drug and supply inventory and inventory records assuring consistency with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.

28. Order drugs and supplies in order to maintain adequate inventory.

29. Maintain pharmacy work area (e.g., trash, shelves, counters, etc.) to ensure cleanliness and orderliness.

30. Label and store pharmaceutical supplies consistent with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.

31. Review pharmacy stock for expired drugs in order to remove and return overstock inventory.
**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. (NOTE: You must check only one box for each item under “Years of Experience” AND one box for each item under “Frequency”.)

**LEVEL OF EXPERIENCE:** Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

**FREQUENCY:** Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

**NOTE:** There should be a total of **TWO check marks** for each item. **ONE check mark** for “Years of Experience” and **ONE check mark** for “Frequency.”

**ITEMS:**

<table>
<thead>
<tr>
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<td>Performed WEEKLY</td>
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<tr>
<td>Performed MONTHLY</td>
<td></td>
</tr>
<tr>
<td>Not Performed</td>
<td></td>
</tr>
</tbody>
</table>

32. Maintain records of various pharmacy operations (e.g., receiving, dispensed drugs, packaging, inventory, purchasing, supplies, workload, etc.) in order to retrieve and provide various information to management and other departments on a need to know basis.

33. Inspect the pharmacy periodically for health and safety concerns (e.g., proper storage, electrical cords, etc.) in order to ensure a safe work environment, etc.
For items 1 - 15, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.

**Definition of Levels:**

**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.

**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 a resident.

**Basic Knowledge:** I possess some knowledge but may require additional instruction to apply this knowledge effectively.

**No Knowledge:** I possess no knowledge and I have not applied it to a resident.

**ITEMS:**

<table>
<thead>
<tr>
<th>LEVEL OF KNOWLEDGE</th>
<th>Extensive Knowledge</th>
<th>Moderate Knowledge</th>
<th>Basic Knowledge</th>
<th>No Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Written prescriptions and pharmaceutical terminology (e.g., medication names, dosages, and forms, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Weights, measures and mathematical computations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Typing on a computer keyboard/typewriter.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Sterile techniques and related quality assurance activities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Compounding prescriptions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Work related patient and staff confidentiality and sensitive issues not to jeopardize privacy and security.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Pharmacy procedures to pick, pull, fill, and refill prescriptions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Policies, procedures, laws, rules, regulations, etc. that govern the pharmacy practices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Clerical techniques (e.g., record keeping, filing, telephone etiquette and usage, shredding, transmitting, and copying, etc.).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Standard pharmacy policies and procedures relating to the record keeping, receipt, checking, storage and delivery of medications.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Drug recall procedures.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Pharmacy distribution programs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Purpose, mission, and goals of the department.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Computer usage (e.g., software programs, etc.).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Housekeeping/cleaning policies and procedures for a clean, safe and secure environment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR PHARMACY TECHNICIAN.**

Please refer to page one for mailing instructions.
STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

EXAMINATION / EMPLOYMENT APPLICATION
STD. 676 (REV. 10/2013) 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

APPLICANT IDENTIFICATION NUMBER (EASY ID)
FIRST 3 LETTERS OF LAST NAME AT BIRTH MONTH OF BIRTH DAY OF BIRTH Last 4 DIGITS OF SOCIAL SECURITY NUMBER EASY ID

APPLICANT'S NAME (Last) (First) (M.I.) SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number) (Street) E-MAIL ADDRESS WORK TELEPHONE NUMBER
(City) (County) (State) (Zip Code) HOME/VISIT TELEPHONE NUMBER

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING

PERSONNEL USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

1. Enter the county in which you would like to take the examination
   if different from the county of your residence: ____________________________________________________________________________
   □ Yes □ No

2. Do you need reasonable accommodation to take an interview or written test? ____________________________________________________________________________
   □ Yes □ No

3. Do your religious beliefs prevent you from taking an examination on Saturday? ____________________________________________________________________________
   □ Yes □ No

4. Are you now employed by the State of California? (If "YES", fill in the information below.)
   Department: __________________________________________ Subdivision: ____________________________
   □ Yes □ No

5. Have 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 dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the
   Explanations section.
   □ Yes □ No

6. In addition to English, list any other languages you:
   a. possess verbal fluency in ___________________________ ____________
   b. possess written fluency in ___________________________ ____________

7. I certify I can type at a speed of ______ words per minute. (For typing applicants only.)
   □ Yes □ No

(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)

8. Do you meet the minimum and/or maximum age requirements? ____________________________________________________________________________
   □ Yes □ No

9. Do you possess a valid California Driver License? (If "YES", fill in the information below.)
   License #: ___________________________ Class: ___________________________ Restrictions: ___________________________

EXPLANATIONS

CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.

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 | WC for |
|---------|----|----|----|----|----|----|-------| ______| ______|
| WC for  |    |    |    |    |    |    |       | ______| ______|
| Serial/Levels |    |    |    |    |    |    | ______| ______| ______|
| R/C/Flag for |    |    |    |    |    |    | ______| ______| ______|
| Serial/Levels |    |    |    |    |    |    | ______| ______| ______|
| CODES |    |    |    |    |    |    |       | ______| ______|

FOR PERSONNEL USE ONLY

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<th>□ REJECTED WC</th>
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<tr>
<td>EXPERIENCE</td>
<td>LICENSE REQUIREMENT</td>
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<tr>
<td>EDUCATION</td>
<td>OTHER</td>
<td></td>
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<tr>
<td>STAFF</td>
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</tbody>
</table>
EXAMINATION / EMPLOYMENT APPLICATION

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

STO. 478 (REV. 10/2013) Page 2

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

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?

| Yes | No |

IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

| Yes | No |

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL

COURSE OF STUDY

UNITS COMPLETED

SEASON

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—Begin with your most recent job. List each job separately.

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) TITLE JOB CLASSIFICATION (Include Range or Level, if applicable)

SUPERVISOR NAME

HOURS PER WEEK TOTAL WORKED (Year/Months)

COMPANY/STATE AGENCY NAME

SUPERVISOR PHONE NUMBER

SALARY EARNED PER

ADDRESS

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) TITLE JOB CLASSIFICATION (Include Range or Level, if applicable)

SUPERVISOR NAME

HOURS PER WEEK TOTAL WORKED (Year/Months)

COMPANY/STATE AGENCY NAME

SUPERVISOR PHONE NUMBER

SALARY EARNED PER

ADDRESS

DUTIES PERFORMED

REASON FOR LEAVING
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<th>EMPLOYMENT HISTORY (Continued)</th>
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<td>FROM (M/D/Y)</td>
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<td>HOURS PER WEEK</td>
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<td>SALARY EARNED</td>
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<td>Reason for Leaving</td>
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</table>

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

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<td>Reason for Leaving</td>
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| FROM (M/D/Y) | TO (M/D/Y) | JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK | TOTAL WORKED (Years/Months) | COMPANY/STATE AGENCY NAME | SUPERVISOR PHONE NUMBER |
| SALARY EARNED | PER | ADDRESS | |

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<tr>
<td>SALARY EARNED</td>
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</tbody>
</table>

**DUTIES PERFORMED**

**REASON FOR LEAVING**

| FROM (MO/Y) | TO (MO/Y) | JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK | TOTAL WORKED (Years/Months) | COMPANY/STATE AGENCY NAME | SUPERVISOR PHONE NUMBER |
| SALARY EARNED | PER | ADDRESS |

**DUTIES PERFORMED**

**REASON FOR LEAVING**

| FROM (MO/Y) | TO (MO/Y) | JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable) | SUPERVISOR NAME |
| HOURS PER WEEK | TOTAL WORKED (Years/Months) | COMPANY/STATE AGENCY NAME | SUPERVISOR PHONE NUMBER |
| SALARY EARNED | PER | ADDRESS |

**DUTIES PERFORMED**

**REASON FOR LEAVING**
EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the California Department of Human Resources to retain this information for research and statistical purposes.

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>AGE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 21 (1) 21 - 39 (2) 40-69 (3) 70 and Over (4)</td>
<td>Male Female</td>
</tr>
</tbody>
</table>

PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

ASIAN GROUP
- Asian Indian (a)
- Cambodian (b)
- Chinese (c)
- Filipino (d)
- Japanese (e)
- Korean (f)
- Laotian (g)
- Vietnamese (h)
- Other Asian Group (i)

HISPANIC GROUP
- Cuban (g)
- Mexican/Mexican American (h)
- Puerto Rican (i)
- Other Hispanic/Latino Groups (j)

PACIFIC ISLANDER GROUP
- Guamanian or Chamorro (k)
- Hawaiian (l)
- Samoan (m)
- Other Pacific Islander Group (n)

OTHER GROUPS
- Aleut (o)
- American Indian/Native American (p)
- Black/African American (q)
- Eskimo (r)
- White (s)
- Other Racial Group (t)
- Choose not to Identify (u)

□ DISABILITY (v) — A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

□ MILITARY—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
INSTRUCTIONS

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal 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 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.

Easy ID - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your Social Security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

Social Security Number - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). However, if the Social Security Number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

Home/VRS/TTY Number - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination Title/Job Title - Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy for which you are applying.

Question 2 - Reasonable Accommodation will be provided to applicants who need assistance to take an interview or written test. If you check "Yes" you will be contacted via telephone or mail to make specific arrangements.

Question 5 - Employment History/Discharges. Question 5 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. Explain any "Yes" answers in the Explanations section. Include the facts in brief, the grounds for 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 5 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);
- 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, however, 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 on the Employment History section of the application.

Questions 8 and 9 - These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

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

Signature - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

Education - You must include a complete record of your training and educational background. Please read the Requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, attach additional sheet(s).

Licenses - If the examination bulletin calls for 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.

Experience - You must include a complete list of your paid and/or volunteer work experience which 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 held more than ten years ago if they relate directly 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.

Examinations Granting Veteran’s Preference Points - If you have not previously applied for and been approved Veteran’s Points, you must apply for the points by completing and submitting the Application for Veteran’s Preference Form SPB-1093 to California Department of Human Resources.

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, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the California Department of Human Resources’s web site at www.calhr.ca.gov.

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!