To apply, complete Sections I, II and III of this form and submit using one of the two options below:

By mail: OR In person to:
Cal OES Cal OES
Human Resources Human Resources Branch
SSA Transfer Exam Attn: Lillian Fomi
3650 Schriever Ave 3650 Schriever Ave
Mather, Ca 95655 Mather, Ca 95655

Faxed Standard State Applications (STD. 678) and Staff Services Analyst (General) Transfer Examination Applications will not be accepted for this examination.

Please provide your email address(es) below, as you may receive important examination information electronically.

Section I – APPLICANT INFORMATION

Name (Last) (First) (M.I.) SOCIAL SECURITY NUMBER (LAST FOUR)

MAILING ADDRESS (NUMBER, STREET, APT/UNIT) WORK TELEPHONE NUMBER WORK EMAIL ADDRESS

CITY COUNTY STATE ZIP CODE HOME TELEPHONE NUMBER HOME EMAIL ADDRESS

SECTION II - QUESTIONNAIRE

1. Are you currently employed by California Governor’s Office of Emergency Services (Cal OES)?
   □ YES □ NO

2. Do you need reasonable accommodation to take a written test?
   If “YES,” you will be notified to make specific arrangements.
   □ YES □ NO

SECTION III – APPLICANT SIGNATURE

SIGNATURE DATE

SECTION IV – HRB EXAMS UNIT USE ONLY

HIGHEST A01 CLASSIFICATION ACCEPTABLE CLASSIFICATION? POSITION NUMBER TENURE TIMEBASE
   □ YES □ NO

PRIOR SSA LIST INQUIRY TRANSFER EXAM REQUIRED TRANSFER EXAM APPLICATION DATE REJECT NOTICE MAILED
   □ PASSED □ FAILED DATE: □ YES □ NO □ ACCEPTED □ REJECTED

VERIFIED BY (PRINT NAME) SIGNATURE DATE

WRITTEN TEST DATE SSA TRANSFER EXAM RESULTS
   □ PASSED □ FAILED

DATE NOTICE TO APPEAR EMAILED COMMENTS

DATE RESULTS ENTERED IN LEGACY

DATE FINAL RESULTS MAILED

2-27-17