

| Applicant Information   |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
|---|----------------------|---------|---------------|---------|--------|--------|-----------|--|----------|------------------|---|-------|--|--|--|--|--|
| Full Name:  |                      |         |               |         |        |        |           |  |          |                  |   | Date: |  |  |  |  |  |
| ruii Naille.  | Last                 |         |               |         |        | First  |           |  |          |                  |   | Date. |  |  |  |  |  |
| Address:  |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Street Address  |                      |         |               |         |        |        |           |  |          | Apartment/Unit # |   |       |  |  |  |  |  |
|   | City                 |         |               |         | Stat   | to     |           | 7ID (  |          |                  |   |       |  |  |  |  |  |
| Phone: (  | City 9: ( ) E-n      |         |               |         |        |        |           | ss:  |          | State ZIP Code   |   |       |  |  |  |  |  |
| Date Availab  |                      |         |               |         |        |        |           | Desired Salary: \$                             |          |                  |   |       |  |  |  |  |  |
| Position Applied for:   |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Are you a citizen of the United States?  YES NO   |                      |         |               |         |        |        |           | If no, are you authorized to work in the U.S.? |          |                  |   |       |  |  |  |  |  |
| Have you ever worked for this company?  YES NO If yes, when?                                      |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Are you a member of CalPERS by previous employment? YES NO |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| , ee,e a.oa e. a.o agee, .  |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Education   |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
|   |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| High School:  | :                    |         |               |         | Ad     | dress  | YES       | NO   |          |                  |   |       |  |  |  |  |  |
| From:   |                      | To:     |               | Did you | u grad | duate? | <u> </u>  |  | Degre    | ee:              |   |       |  |  |  |  |  |
| College:  |                      |         |               |         | Ad     | dress  |           |  |          | 1                |   |       |  |  |  |  |  |
| From:   |                      | To:     |               | Did you | u grad | duate? | YES       | NO   | Degre    | ee:              |   |       |  |  |  |  |  |
| Other:  | <u> </u>             |         |               |         | Ad     | dress  | : YES     | NO   | <u> </u> |                  |   |       |  |  |  |  |  |
| From:   | To: Did you graduate |         |               |         |        |        |           |  | Degre    | ee:              |   |       |  |  |  |  |  |
|   |                      |         |               |         |        | Refe   | rences    |  |          |                  |   |       |  |  |  |  |  |
| Please list ti  | hree pro             | fessior | nal reference | es.     |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Full Name:  |                      |         |               |         |        |        | Relations | hip:   |          |                  |   |       |  |  |  |  |  |
| Company:  |                      |         |               |         |        |        |           |  | Phone    | <b>:</b> :       | ( | )     |  |  |  |  |  |
| Address:  |                      |         |               |         |        |        |           |  |          |                  |   |       |  |  |  |  |  |
| Full Name:  |                      |         |               |         |        |        | Relations | hip:   |          |                  |   |       |  |  |  |  |  |
| Company:  |                      |         |               |         |        |        |           |  | Phone    | ):               | ( | )     |  |  |  |  |  |
| Address:  |                      |         |               |         |        | П      |           |  |          |                  |   |       |  |  |  |  |  |
| Full Name:  |                      |         |               |         |        |        | Relations | hip:   |          |                  |   |       |  |  |  |  |  |
| Company:  |                      |         |               |         |        |        |           |  | Phone    | ý.               | ( | ١     |  |  |  |  |  |

| Address:  |   |            |                  |              |           |                |          |     |       |     |  |  |
|---|---|------------|------------------|--------------|-----------|----------------|----------|-----|-------|-----|--|--|
|   | Previous Employment                                 |            |                  |              |           |                |          |     |       |     |  |  |
| Company:  |   |            |                  |              |           |                | Pho      | ne: | (     | )   |  |  |
| Address:  |   |            |                  |              |           |                | Supervis | or: |       |     |  |  |
| Job Title:  |   |            |                  |              |           |                |          |     |       |     |  |  |
| Responsibil   | ities:  |            |                  |              |           |                |          |     |       |     |  |  |
| From:   |   | To:        |                  | Reason for L | eaving:   |                |          |     |       |     |  |  |
| May we cor  | e contact your previous supervisor for a reference? |            |                  |              |           |                |          |     |       |     |  |  |
| Company:  |   |            |                  |              |           |                | Pho      | ne: | (     | )   |  |  |
| Address:  |   |            |                  |              |           | Supervis       |          | •   | ,     |     |  |  |
| Job Title:  |   |            |                  |              |           |                | •        | •   |       |     |  |  |
| Responsibil   | ities:  |            |                  |              |           |                |          |     |       |     |  |  |
| From:   | To: Reason for Leaving:                             |            |                  |              |           |                |          |     |       |     |  |  |
| May we contact your previous supervisor for a reference?  |   |            |                  |              |           |                |          |     |       |     |  |  |
| Company:  |   |            | Pho              | ne:          | (         | )              |          |     |       |     |  |  |
| Address:  |   |            |                  |              |           |                |          |     |       |     |  |  |
| Job Title:  |   |            |                  |              |           |                |          |     |       |     |  |  |
| Responsibil   | ities:  |            |                  |              |           |                |          |     |       |     |  |  |
| From:   |   | To:        |                  | Reason for L | eaving:   |                |          |     |       |     |  |  |
| May we cor  | tact your p   | orevious   | supervisor for a | reference?   | YES       | N <sub>1</sub> |          |     |       |     |  |  |
|   |   |            |                  | Militar      | ry Servic | e              |          |     |       |     |  |  |
| Branch:   |   |            |                  |              |           |                | From:    |     |       | To: |  |  |
| Rank at Dis   | charge:   | e of D     | ischarge:        |              |           |                |          |     |       |     |  |  |
| If other than   | honorable   | e, explair | <u>ı:</u>        |              |           |                |          |     |       |     |  |  |
|   |   |            |                  | Disclaimer   | and Sig   | natur          | Δ        |     |       |     |  |  |
|   |   |            |                  | Disolaliller | aria Oig  | natai          |          |     |       |     |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |   |            |                  |              |           |                |          |     |       |     |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |   |            |                  |              |           |                |          |     |       |     |  |  |
| Signature:  |   |            |                  |              |           |                |          |     | Date: |     |  |  |