CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

(CREATED 6/2010)

Not all Examinations require this Criminal Record Supplemental Questionnaire. Pease review the Examination Bulletin to determine if the questionnaire is required before completing.

PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON THE NEXT PAGE

Applicant Identification No	umber (Easy ID)					
FIRST 3 LETTERS OF LAST NAME AT BIRTH	MONTH OF BIRTH		DAY OF BIRTH		GITS OF SOCIAL Y NUMBER	
Applicants Name (last) (First)			(M.I.)		Easy ID	
Mailing Address (Number) (Street)		E-mail Address			Work Telephone Number	
(City)	(County)	(State)	(Zip Code)	Home Telephone Number		
Exam Title(s) for which	ch you are applying:					
Recruitment Number:						
Answer the follow	ing Questions:					
Have you ever been convicted by any court of a misdemeanor crime of domestic violence?						
2. Have you ever l	been convicted by	any cour	t of a felony?	[YES	□ NO
Explanations						
•						
CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING - if not signed, your application may be rejected.						
I certify under penalty of perjury that the information I have entitled 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 all agencies to release any information they may have concerning the information provided on this supplemental application to the State of California.						
have concerning	the information provid	ded on this	supplemental applicati	on to the S	State of Calif	ornia.
Applicant's Signature					Date Signed	
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(CREATED 6/2010)

INSTRUCTIONS

Read the following instructions carefully before completing this Criminal Record Supplemental Questionnaire. If the Examination Bulletin requires this Criminal Record Supplemental Questionnaire to be submitted with your application, you must complete all sections and answer the required questions completely and accurately.

Applicant Identification Number (Easy ID) – Enter the required tracking information on the Criminal Record Supplemental Questionnaire: 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.

Easy ID – The Easy ID represents a compilation of the data collected from the Applicant Identification Number section. Please provide the Easy ID established from your Online Employment Center (OEC) profile you created to complete your application. If you are unable to determine your Easy ID, please leave it blank.

Exam for which you are applying – Fill in the title(s) of the examination for which you are applying as it is listed on the examination bulletin.

Recruitment Number – Fill in the Recruitment Number(s) of the examination for which you are applying as it is listed on the Examination Bulletin.

Questions 1 & 2 – Answer these questions only if required on the Examination Bulletin.

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 Criminal Record Supplemental Questionnaire is not signed, it may be rejected.

NOTE: Your completed Criminal Record Supplemental Questionnaire 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 Criminal Record Supplemental Questionnaire and other confidential information **will not be returned**; therefore, we recommend that you keep a copy 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 State Personnel Board's website at **www.spb.ca.gov**.