





# PERSONAL INFORMATION (3)

**6 Zip/Postal Code**

00	01	02	03	04	05	06	07	08	09
10	11	12	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29
30	31	32	33	34	35	36	37	38	39
40	41	42	43	44	45	46	47	48	49
50	51	52	53	54	55	56	57	58	59
60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79
80	81	82	83	84	85	86	87	88	89
90	91	92	93	94	95	96	97	98	99

**8 Day Phone**      **Extension**

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10	11	12	13	14	15	16	17	18	19	10	11	12	13	14	15	16	17	18	19	10
20	21	22	23	24	25	26	27	28	29	20	21	22	23	24	25	26	27	28	29	20
30	31	32	33	34	35	36	37	38	39	30	31	32	33	34	35	36	37	38	39	30
40	41	42	43	44	45	46	47	48	49	40	41	42	43	44	45	46	47	48	49	40
50	51	52	53	54	55	56	57	58	59	50	51	52	53	54	55	56	57	58	59	50
60	61	62	63	64	65	66	67	68	69	60	61	62	63	64	65	66	67	68	69	60
70	71	72	73	74	75	76	77	78	79	70	71	72	73	74	75	76	77	78	79	70
80	81	82	83	84	85	86	87	88	89	80	81	82	83	84	85	86	87	88	89	80
90	91	92	93	94	95	96	97	98	99	90	91	92	93	94	95	96	97	98	99	90

**9 Social Security No.**

00	01	02	03	04	05	06	07	08	09	00	01	02	03	04	05	06	07	08	09	00
10	11	12	13	14	15	16	17	18	19	10	11	12	13	14	15	16	17	18	19	10
20	21	22	23	24	25	26	27	28	29	20	21	22	23	24	25	26	27	28	29	20
30	31	32	33	34	35	36	37	38	39	30	31	32	33	34	35	36	37	38	39	30
40	41	42	43	44	45	46	47	48	49	40	41	42	43	44	45	46	47	48	49	40
50	51	52	53	54	55	56	57	58	59	50	51	52	53	54	55	56	57	58	59	50
60	61	62	63	64	65	66	67	68	69	60	61	62	63	64	65	66	67	68	69	60
70	71	72	73	74	75	76	77	78	79	70	71	72	73	74	75	76	77	78	79	70
80	81	82	83	84	85	86	87	88	89	80	81	82	83	84	85	86	87	88	89	80
90	91	92	93	94	95	96	97	98	99	90	91	92	93	94	95	96	97	98	99	90

**11 Race, Sex and National Origin Identification**

Choose the one that applies

No Answer

American Indian or Alaskan Native

Asian Pacific Islander

Black, not of Hispanic origin

Hispanic

White, not of Hispanic origin

Hispanic in Puerto Rico

Not Hispanic in Puerto Rico

Hawaiian

**Gender**

No Answer

Female

Male

**7 Country ID**

00	01	02	03	04	05	06	07	08	09
10	11	12	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29
30	31	32	33	34	35	36	37	38	39
40	41	42	43	44	45	46	47	48	49
50	51	52	53	54	55	56	57	58	59
60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79
80	81	82	83	84	85	86	87	88	89
90	91	92	93	94	95	96	97	98	99

**10 Are you a US Citizen?**

Yes  No

**Are you a Veteran?**

Yes  No

## QUESTIONNAIRES

**12 Veterans Preference**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)

**13 Priority Placement (1)**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)

**14 Priority Placement (2)**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)

**15 Eligibility To Apply**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)

**16**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)

**17**

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45)









# QUALIFICATIONS

22 Knowledge / Skill / Ability Questions (1)

1.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	11.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
2.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	12.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
3.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	13.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
4.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	14.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
5.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	15.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
6.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	16.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
7.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	17.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
8.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	18.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
9.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	19.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
10.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	20.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

23 Knowledge / Skill / Ability Questions (2)

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20

24

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20

25

1  2

26 Hours

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

27 Credit System

Semester

Quarter

Other

28 Degree

1

2

3

4

5

6

7

8

9

29 General Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20

21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

33 Specialized Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20

21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

30 Work Type

Full-time

Part-time

None of the above

31 Hours

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9

32 Months

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9

34 Work Type

Full-time

Part-time

None of the above

35 Hours

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9

36 Months

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9

37 Quality Group Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45

38

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45

39 Preferred Locations

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
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DO NOT MARK IN THIS AREA

# SUPPLEMENTAL QUESTIONNAIRE

40

1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	11. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	12. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
3. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	13. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
4. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	14. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
5. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	15. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
6. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	16. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
7. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	17. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
8. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	18. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
9. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	19. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
10. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	20. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

41 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

42 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

43 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

44 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

45 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

46 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

47 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

48 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

49 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

50 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

51 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

52 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

53 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

54 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

55 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

56 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

57 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

58 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

59 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

60 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

61 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

62 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

63 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

64 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

65 Experience Questions

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40

66 Work Type

1 Full-time  
 2 Part-time  
 3 None of the above

67 Hours

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

68 Months

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09