

**TO BE COMPLETED BY APPLICANT**

LAST NAME:	FIRST NAME:	M.I.	SOCIAL SECURITY NUMBER**:
MAILING ADDRESS		COUNTY	CONTACT TELEPHONE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS

**ANSWER THE FOLLOWING QUESTIONS:**

Are you currently employed by the CA Student Aid Commission?		YES	NO
DIVISION/UNIT	CURRENT CLASSIFICATION		
Do you need reasonable accommodation to take a written test? <i>If "Yes", you will be notified to determine what assistance can be provided to you.</i>		YES	NO

**Employee Certification:**  
 I certify that the information I have provided is true and complete to the best of my knowledge.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PERSONNEL OFFICE**

Highest, Permanent (select one): A01    A20    A21    A22	Appointment Date:	Time-Base:	Tenure:
Classification:		Class Code:	
The Applicant is eligible to transfer to the SSA classification:		YES	NO
If No, Why?		Date Rejection Letter Sent:	
Analyst Signature:	Title:	Date:	

**TESTING INFORMATION**

Date Test Scheduled:		Date Notified of Test:	
PASS	FAIL	Total Score:	Date Score Entered:
Analyst Signature:		Title:	Date:

**\*\*PRIVACY STATEMENT**

This information is requested by the California Student Aid Commission's Personnel Office per State Personnel Board Rule 174.  
 Disclosure of the partial Social Security Number is required to verify civil service eligibility for the SSA Transfer Exam.