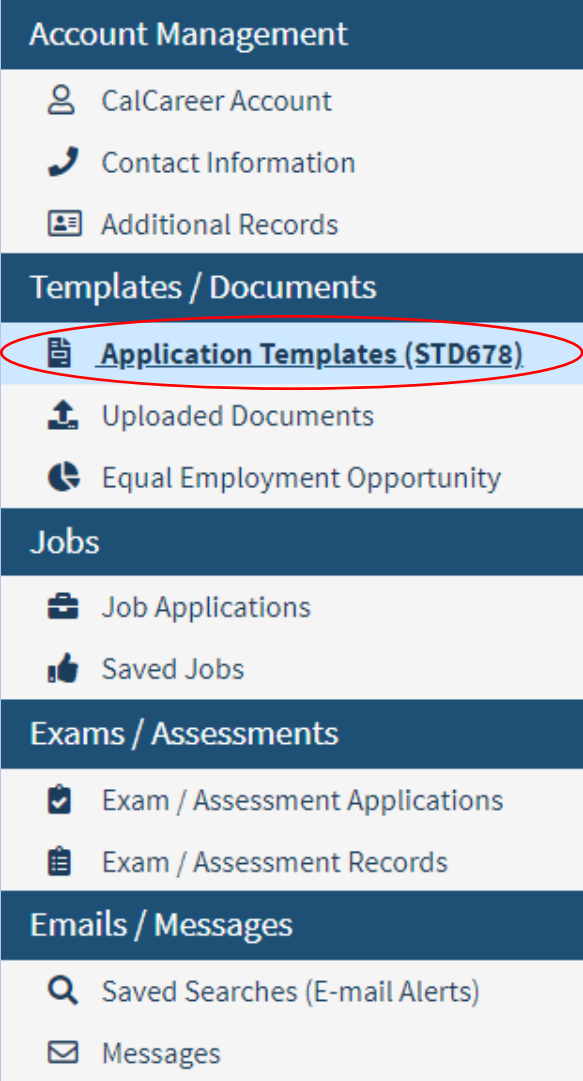




How to Apply for a CAL FIRE Examination

Open an Examination / Employment Application ([STD 678](#)).

The STD 678 is available in the examination bulletin or in your CalCareers profile.



The screenshot shows a vertical navigation menu with several sections. The 'Application Templates (STD678)' option is highlighted with a red circle. An arrow from the text above points to this option.

- Account Management
 - CalCareer Account
 - Contact Information
 - Additional Records
- Templates / Documents
 - Application Templates (STD678)**
 - Uploaded Documents
 - Equal Employment Opportunity
- Jobs
 - Job Applications
 - Saved Jobs
- Exams / Assessments
 - Exam / Assessment Applications
 - Exam / Assessment Records
- Emails / Messages
 - Saved Searches (E-mail Alerts)
 - Messages

HOW TO APPLY

To apply for this examination, please complete and return the following:

- [Examination/Employment Application \(STD.678\)](#). This can also be found on the California Department of Human Resource’s website. *You may submit your application by mail or in person.*

If you have multiple last names or go by a nickname, make sure you provide us with the same, legal, full name throughout the exam process.

Your CalCareer ID can be found in your CalCareers profile. It may automatically populate in the box. **If you are unable to find your CalCareer ID, leave it blank.**

APPLICANT'S NAME (Last)	(First)	(M.I.)	CALCAREER ID
Doe	Johnathan	M	1234567
MAILING ADDRESS (Number)	(Street)	(Apt #)	SOCIAL SECURITY NUMBER (Exams Only)
123 Main Street			123-45-6789
(City)	(County)	(State)	(Zip Code)
Sacramento	Sacramento	CA	12345

Provide only one mailing address. The Examination Unit frequently communicates via mail, so please ensure your address is correct. Please provide the county, as this can affect where you take an in-person exam.

Please provide all nine digits of your Social Security Number. An incorrect or missing number can delay the application and scoring process.

Provide an email address that you check frequently. Ensure there are no typos.

Provide at least one telephone number. **Ensure your voicemail box is set up and can take messages.**

E-MAIL ADDRESS email@website.com	1st TELEPHONE NUMBER (123) 456-7890	<input type="checkbox"/> Work <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	2nd TELEPHONE NUMBER <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING Fire Captain (2FS43)			PERSONNEL USE ONLY



**FIRE CAPTAIN
2FS43**

Provide the Classification title and/or Exam Code for all examination(s) for which you are applying. The Exam Code is provided on each exam bulletin. **Do not provide any Job Control numbers (e.g., JC-123456).**

STANDARD EMPLOYMENT QUESTIONS

1. Are you now employed by the State of California? If "Yes," fill in the information below. Yes No
Department: Forestry and Fire Protection Subdivision: Human Resources
2. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If "Yes," give details in the "Explanation" section below and refer to the instructions page for further information. Yes No
3. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency? Yes No
4. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency? Yes No
5. In addition to English, list any other languages you are fluent in:
a. Verbal fluency in Spanish
b. Written fluency in Spanish

Always answer #1-5

ANSWER THE FOLLOWING QUESTIONS ONLY IF THE EXAM BULLETIN OR JOB POSTING REQUIRES THE INFORMATION

6. For typing applicants only: I certify I can type at a speed of 60 words per minute. Yes No
7. Do you meet the minimum and/or maximum age requirements? Yes No
8. Do you possess a valid California Driver License? If "Yes," fill in the information below. Yes No
License #: A1234567 Class: C Restrictions: None

Depends on the exam bulletin

ANSWER THE FOLLOWING QUESTIONS IF APPLYING TO TAKE AN EXAMINATION

9. Enter your preferred county to take the examination, if different from your county of residence: Butte
10. Do you need an accommodation to take an examination or assessment? If "Yes," complete the Accommodation form. Yes No

Always answer #9-10

NOTE: If you are a veteran, widow or widower of a veteran, or spouse of a 100% disabled veteran, you may qualify for Veterans' Preference. For information regarding Veterans' Preference see www.calcareers.ca.gov or www.calvet.ca.gov.

EXPLANATIONS: Provide details of any response that requires additional information.

[Empty text box for providing details of any response that requires additional information.]

If any answers require additional information, provide that here.

ANSWER THE FOLLOWING QUESTIONS IF APPLYING TO TAKE AN EXAMINATION

9. Enter your preferred county to take the examination, if different from your county of residence:

10. Do you need an accommodation to take an examination or assessment? If "Yes," complete the Accommodation form.

Yes No

If you selected "Yes" on #10, submit the [STD 679](#) form along with your STD 678. This form is also available in the bulletin.

This question refers to special testing arrangements a candidate may need during an exam, NOT travel accommodations.

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES
ACCOMMODATION REQUEST
STD. 679 (REV. 7/2019)

APPLICANT'S NAME (Last) (First) (M.I.) CalCareer ID
MAILING ADDRESS (Number) (Street) (Appt) SOCIAL SECURITY NUMBER
(City) (County) (State) (Zip Code)
E-MAIL ADDRESS 1st TELEPHONE NUMBER Work Home Other 2nd TELEPHONE NUMBER Work Home Other

EXAMINATION(S) FOR WHICH YOU ARE APPLYING **PERSONNEL USE ONLY**

THIS ACCOMMODATION REQUEST IS FOR AN EMPLOYMENT EXAMINATION ONLY

The State of California provides Reasonable Accommodations for Disabilities, Medical Conditions, and Religious beliefs. Complete this form when requesting an accommodation to take an Employment Examination. If completing the hard copy of this form and more space is needed, attach additional sheets. If you need an accommodation for a job interview, please do not use this form, instead, request the accommodation at the time you are contacted to be scheduled for the interview.

By submitting this accommodation request, you acknowledge that you may be required to substantiate your request.

Check All Applicable Needs:

How does your disability or medical condition limit your participation in this examination?

Unable to participate on the specific day(s) of the week:
 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Other - Describe:

Assistive Device - Describe:

Wheelchair Accessibility

Accommodation for Exam/Assessment Material:
 Braille Audio Recorded Material
 Large Print Material Sign Language Interpreter
 Text Reader

More Time
 Quiet Location
 Other - Describe:

CERTIFICATION – IMPORTANT – READ BEFORE SIGNING – YOUR SIGNATURE IS REQUIRED FOR HARD COPY SUBMISSION

I certify under penalty of perjury that the information I have entered 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 the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT'S SIGNATURE

Johnathan Doe

DATE SIGNED

1/1/2023

Sign and date your application! Both wet and electronic signatures are acceptable.

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?



Yes



No

IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?



Yes



No

IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED?

UNIVERSITY OR COLLEGE — BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL, NAME AND LOCATION	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
California State University, Sacramento	Environmental Studies	120	0	Bachelor of Science	May 2020

LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.
 (If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)

LICENSE / CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION
P123456	1/1/2020	1/1/2024	

Fill out the Education and Licenses sections carefully, especially if the Minimum Qualifications require specific items (e.g., high school graduation or equivalent, paramedic card). *Make sure to include copies of these documents/licenses with your application packet.*

“From” dates, “To” dates, and “Hours Per Week” will be used to calculate your experience. Dates should be specific, down to the day. Hours per week should be an average, **NOT** a range.

“Total Worked” refers to the years and months on the job (e.g., 1 year, 6 months).

EMPLOYMENT HISTORY – List relevant paid, military and/or volunteer experience that relate to the qualification requirements. List each job separately.

FROM (MM/DD/YY) 06/21/19	TO (MM/DD/YY) 06/21/22	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Salesman	SUPERVISOR NAME Michael Scott
HOURS PER WEEK 40	COMPANY/STATE AGENCY NAME Dunder Mifflin		SUPERVISOR PHONE NUMBER (555) 555-5555
TOTAL WORKED 3 years	ADDRESS 1725 Slough Avenue, Scranton, PA 18505		
DUTIES PERFORMED Under direction of the Regional Manager and the Assistant to the Regional Manager, I assessed the paper needs of dozens of clients, ranging from small businesses to large corporations. I facilitated in-person, virtual, and over-the-phone meetings with clients and my colleagues. I analyzed sales reports and produced rundowns. I maintained positive, long-term relationships with both my clients and colleagues, including the office receptionist.			
REASON FOR LEAVING Started my own business			

Fill out all sections of the Employment History boxes.

Use one box for each title or classification held, even if it was with the same company.

Provide as much detail as possible in the “Duties Performed” section. Employment experience that is missing from “Duties Performed” may not be considered.

EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: This data assists the State of California in its commitment to equal employment opportunity. Applicants are asked to voluntarily provide the information below. This questionnaire will be separated from the application and will not be used in any employment decisions. This data will be used for statistical data gathering and reporting purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

SOCIAL SECURITY NUMBER	AGE	GENDER	SEXUAL ORIENTATION
	<input type="checkbox"/> Under 21 (1) <input type="checkbox"/> 21-39 (3) <input type="checkbox"/> 40-69 (6) <input type="checkbox"/> 70 and Over (7)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Do you identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No

RACE AND ETHNICITY

Check one or more boxes that best describe your race or ethnicity.

<input type="checkbox"/> BLACK or AFRICAN AMERICAN (F) <input type="checkbox"/> A descendant of a person or persons who were enslaved in the United States. <input type="checkbox"/> Not a descendant of a person or persons who were enslaved in the United States, including, but not limited to, African Black, Caribbean Black, or other Black. <input type="checkbox"/> Unknown <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE (H) <input type="checkbox"/> HISPANIC or LATINO (D) <input type="checkbox"/> WHITE (E)	ASIAN <input type="checkbox"/> Indian (M) <input type="checkbox"/> Cambodian (U) <input type="checkbox"/> Chinese (J) <input type="checkbox"/> Filipino (G) <input type="checkbox"/> Japanese (I) <input type="checkbox"/> Korean (K) <input type="checkbox"/> Laotian (V) <input type="checkbox"/> Vietnamese (L) <input type="checkbox"/> Other Asian (S)	PACIFIC ISLANDER <input type="checkbox"/> Guamanian (R) <input type="checkbox"/> Hawaiian (P) <input type="checkbox"/> Samoan (Q) <input type="checkbox"/> Other Pacific Islander (T)
---	---	--

I choose not to identify.

DISABILITY

A person with a disability is an individual who:

- has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working;
- has a record or history of such impairment or medical condition; or
- is regarded as having such an impairment or medical condition.

Please refer to the instructions for more information regarding how disability is defined under the law.

Yes, I have a disability No, I do not have a disability

MILITARY

Have you ever served in the United States military? Please check the appropriate box below.

Yes, I have served in the military No, I have not served in the military

AUTHORITIES

Government Code sections 8310.5, 11019.11, 12946, 19233, 19234, 19705, 19790, 19792(h) and California Code of Regulations, Title 2, sections 599.980, 11013(b) authorize the State of California to collect demographic information on job applicants and exam participants for analysis and statistical purposes.

Thank You For Completing This Questionnaire

You may choose to fill out the optional Equal Employment Opportunity (EEO) form included in the STD 678. If so, this is submitted with the rest of your application packet.

Print your STD. 678 and any other requested documents listed in the exam bulletin. Documents may include: STD. 679, copies of licenses, unofficial college transcripts, supplemental forms, Training and Experience Narratives, etc.

- [Examination/Employment Application \(STD.678\)](#). This can also be found on the California Department of Human Resource's website. *You may submit your application by mail or in person.*
- A **Training and Experience Narrative** which is a written document responding to the questions in the **EXAMINATION INFORMATION** section, that will demonstrate how your background meets the knowledge, skills, and abilities cited in this examination bulletin.

- **Application packet** consisting of the following:
 1. Examination/Employment Application (STD 678)

AND

 2. Training and Experience (T&E) Evaluation

- [Examination/Employment Application \(STD.678\)](#). This can also be found on the California Department of Human Resource's website. *You may submit your application by mail or in person.*
- Copy of your **Emergency Medical Technician-Paramedic (EMT- P) License/card** issued by the state of California.
- **Letter from your paramedic school** stating you are within *five* months of completing the program (if attempting to meet minimum qualifications through early-in option).

The exam bulletin will tell you exactly what to include with the STD. 678!

At this time, no electronic copies of exam applications can be accepted. Please mail or walk-in your application package to the following address:

**Department of Forestry and Fire Protection
710 Riverpoint Court
West Sacramento, CA 95605
Examination Unit – (Attn: Analyst's Name)**

This address and the Exam Analyst's name will be provided in every exam bulletin under "How To Apply".

Although not required, the Examination Unit always recommends sending applications via USPS Certified Mail. Without a tracking number, delayed or lost mail may prevent candidates' admittance to the exam.

Questions?

CAL FIRE Examination Unit
CALFIREexams@fire.ca.gov
(916) 894-9580