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STATE RESTRICTIONS OF APPOINTMENTS PROGRAM

○ ADD ○ CHANGE ○ DELETE

NAME _____
Last First Middle

BE SURE YOUR PERSONNEL OFFICE HAS YOUR CURRENT ADDRESS!

HOME PHONE NUMBER ( ) _____ CURRENT DEPARTMENT _____

CURRENT CLASS _____ CURRENT SALARY RANGE _____

DO NOT STAPLE **DO NOT FOLD THIS FORM**

USE OF A MECHANICAL PENCIL IS OK

DO NOT USE INK OR BALL POINT PEN

PROPER MARK ●

IMPROPER MARKS ⊗ ✓ ⊘ ⊙

ERASE CLEANLY

SOCIAL SECURITY NO.

WORK PHONE
AREA CODE PHONE NUMBER

The Department of Personnel Administration staff is assisting State employees to find new jobs when they are faced with layoff or demotion due to the reduction of State civil service positions. The Department of Personnel Administration will refer these employees to State service vacancies in other departments that are in the employee's current classification. This service will be provided to you for up to 120 days from the date your name is placed on an SROA list.

Participation in the SROA Program is voluntary. If you wish to participate, please complete each page of the questionnaire. Completed questionnaires should be returned immediately to your departmental Personnel Office.

FOR DEPARTMENT/DPA USE ONLY:

List I Class Title _____

List I Class Code

List II Class Title _____

List II Class Code

PRIVACY STATEMENT
AGENCY NAME: Department of Personnel Administration
AUTHORITY: Government Code Section 19999.1 is the authority for the establishment of State Restrictions of Appointments Program.
PURPOSE: The information you furnish will be used to add your name to restricted lists.
PROVIDING INFORMATION: Participation in the State Restriction of Appointments Program is voluntary. If you choose to participate, it is required that you provide all information requested on both sides of this form.
ACCESS: When submitted to the Department of Personnel Administration, your completed State Restrictions Of Appointments Form becomes confidential information and the property of the Department of Personnel Administration. Only authorized personnel directly involved in the selection process will be allowed access.

LANGUAGE FLUENCY:

I am fluent in and interested in appointment to a position requiring a second language:

○ E1 Chinese-Cantonese dialect	○ A1 Mexican-Spanish	○ G1 Braille
○ C1 Tagalog	○ D1 American Sign	○ H1 Korean
○ B1 Japanese	○ F1 Portugese	○ J1 Vietnamese

Mark your choices - Blacken the circle next to the County or Region where you wish to work. You will not be offered a job in locations NOT marked... If more than 16 location choices are selected... You may be considered available for work anywhere in the State.

○ 5 ANYWHERE IN THE STATE - If marked, no further selection is necessary.

○ 8004 ANYWHERE IN THE NORTHERN REGION OR make Northern Region county choices

○ 0400 Butte	○ 1700 Lake	○ 3100 Placer	○ 5100 Sutter
○ 0600 Colusa	○ 1800 Lassen	○ 3200 Plumas	○ 5200 Tehama
○ 0800 Del Norte	○ 2300 Mendocino	○ 4500 Shasta	○ 5300 Trinity
○ 1100 Glenn	○ 2500 Modoc	○ 4600 Sierra	○ 5800 Yuba
○ 1200 Humboldt	○ 2900 Nevada	○ 4700 Siskiyou	

○ 8001 ANYWHERE IN THE CENTRAL REGION OR make Central Region county choices

○ 0100 Alameda	○ 2000 Madera	○ 3500 San Benito	○ 4900 Sonoma
○ 0200 Alpine	○ 2100 Marin	○ 3800 San Francisco	○ 5000 Stanislaus
○ 0300 Amador	○ 2200 Mariposa	○ 3900 San Joaquin	○ 5500 Tuolumne
○ 0500 Calaveras	○ 2400 Merced	○ 4100 San Mateo	○ 5700 Yolo
○ 0700 Contra Costa	○ 2700 Monterey	○ 4300 Santa Clara	
○ 0900 El Dorado	○ 2800 Napa	○ 4400 Santa Cruz	
○ 1000 Fresno	○ 3400 Sacramento	○ 4800 Solano	

○ 8011 ANYWHERE IN THE SOUTHERN REGION OR make Southern Region county choices

○ 1300 Imperial	○ 1900 Los Angeles	○ 3600 San Bernardino	○ 5400 Tulare
○ 1400 Inyo	○ 2600 Mono	○ 3700 San Diego	○ 5600 Ventura
○ 1500 Kern	○ 3000 Orange	○ 4000 San Luis Obispo	
○ 1600 Kings	○ 3300 Riverside	○ 4200 Santa Barbara	

PLEASE NOTIFY THE PERSONNEL BOARD PROMPTLY...OF ADDRESS CHANGES...OR AVAILABILITY FOR EMPLOYMENT

Signature: _____ Date: _____