

STAFF SERVICES ANALYST (GENERAL) TRANSFER EXAMINATION REQUEST FORM

APPLICANT NAME (Last) (First) (M.I.)	SOCIAL SECURITY NUMBER
ADDRESS (Number) (Street)	WORK TELEPHONE NUMBER ()
(City) (State) (Zip Code)	HOME TELEPHONE NUMBER ()

ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently an employee of the Department of Forestry and Fire Protection?
 _____ YES
_____ NO
2. Are you currently an employee of the Resources Agency?
 _____ YES
_____ NO
3. Do you need reasonable accommodation to take a written test?
 (If "Yes", you will be notified to make special arrangements)
 _____ YES
_____ NO

**DO NOT USE THE SPACE BELOW
FOR PERSONNEL USE ONLY**

PERSONNEL USE ONLY	
HIGHEST AO1 CLASSIFICATION	
APPOINTMENT DATE	
TENURE	
TIME BASE	
ACCEPTED	DENIED
VERIFIED BY	
SIGNATURE	
DATE	