

STATE OF CALIFORNIA
INDIVIDUAL SERVICE REQUEST

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OPOS 1923 (02/09)

DISTRIBUTION:
ORIGINAL – OFFICE OF PEACE OFFICER SELECTION
COPY – HIRING AUTHORITY
COPY - APPLICANT

THIS DOCUMENT CONSTITUTES AN OFFER OF EMPLOYMENT UPON SUCCESSFUL COMPLETION OF THE SELECTION PROCESS. PEACE OFFICER APPOINTMENTS (OF NON PEACE OFFICER EMPLOYEES) CANNOT BE MADE WITHOUT A BACKGROUND AND PRE-EMPLOYMENT MEDICAL CLEARANCE.

APPOINTMENT CLASS TITLE	CLASS CODE
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PART A – TYPE OF APPOINTMENT

- REINSTATEMENT TRAINING AND DEVELOPMENT ASSIGNMENT OTHER – EXPLAIN:
 LATERAL TRANSFER LIST APPOINTMENT EXECUTIVE APPOINTMENT

PART B – TENURE AND TIMEBASE

- PERMANENT FULL-TIME
 LIMITED TERM INTERMITTENT
 TEMPORARY/SEASONAL PART-TIME

PART C – POSITION STATUS

- POSITION EXISTS AND WILL BE HELD FOR APPOINTMENT
 APPOINTMENT (NON-PEACE OFFICER CLASSES ONLY) Appointment Date: _____

PART D - SUBJECT OF REQUEST

NAME	SOCIAL SECURITY NUMBER	WORK PHONE NUMBER ()	HOME PHONE NUMBER ()
HOME STREET ADDRESS	CITY	STATE	ZIP CODE

PART E – FACILITY PERSONNEL OFFICER OR CONTACT PERSON

NAME	TITLE	PHONE NUMBER ()
FACILITY/OFFICE	ADDRESS	

PART F – DOCUMENT CHECKLIST

- COMPLETED PERSONAL HISTORY STATEMENT AND TWO NOTARIZED "AUTHORIZATION TO RELEASE INFORMATION FORMS"
 STATE APPLICATION (STD-678)
 CERTIFIED BIRTH CERTIFICATE OR ORIGINAL NATURALIZATION CERTIFICATE OR APPROVED CITIZENSHIP APPLICATION BY INS
 SEALED/CERTIFIED HIGH SCHOOL AND COLLEGE TRANSCRIPTS
 * CURRENT CREDIT REPORT
 * COPY OF PROOF OF VALID AUTO INSURANCE
 COPY OF DD214 MILITARY DISCHARGE FORM (MEMBER 4 – LONG FORM)
*** Not required for Correctional Case Records Analyst Series positions**

IN ALL CASES, INCLUDE A COPY OF THE SUBJECTS STATE PERSONNEL BOARD APPLICATION (STD-678), A COPY OF REINSTATEMENT REQUEST LETTER (IF APPLICABLE) AND ANY OTHER MATERIAL RELEVANT TO THE INVESTIGATION REQUESTED. MAIL THIS INDIVIDUAL SERVICE REQUEST AND OTHER REQUIRED INFORMATION/DOCUMENTS TO THE REGIONAL TESTING CENTER WITHIN THE OFFICE OF PEACE OFFICER SELECTION.

SIGNATURE OF WARDEN/SUPERINTENDENT/PAROLE ADMINISTRATOR SUBMITTING REQUEST	DATE
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TYPED NAME AND TITLE OF PERSON SIGNING

PART G – TESTING CENTER USE ONLY

RECEIVED BY: TESTING - NSC TESTING - CSC TESTING - SSC DATE RECEIVED: _____

FORWARDED TO: BIU - NSC BIU - CSC BIU - SSC CPU PEM DATE FORWARDED: _____

RETURN TO: _____ CONTACT PERSON: _____