



GENERAL INSTRUCTIONS/AFFIRMATION

Training and Experience Questionnaire Lottery Ticket Sales Specialist

The Training and Experience Questionnaire is the sole component of the Lottery Ticket Sales Specialist exam. To obtain a position on the eligible list a minimum score of 70% must be received. The instructions below should be read carefully and understood before completing this exam. Failure to do so may result in the inability to process your Training and Experience Questionnaire and disqualification from this exam.

All applicants must complete and return the entire exam packet. **Incomplete packets will be rejected.** The exam packet consists of the following:

- State Exam/Employment Application (Form STD 678)
- General Instructions/Affirmation (Fillable Document)
- Training and Experience Questionnaire (Fillable Document)
- Conditions of Employment (Fillable Document)

Please provide at least 3 but not more than 5 personal and professional references with complete contact information. References may be contacted to verify the accuracy of the information provided by you contained in the Training and Experience Questionnaire. It is critical that candidates be truthful and do not misrepresent themselves.

Candidates may be removed from the exam and/or the eligible list resulting from this exam, suffer loss of State employment, and/or suffer loss of right to compete in any future State exams if the information contained in the Training & Experience documents are found to be false.

Personal References

_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number

Professional References

_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number
_____ First/Last Name	_____ Primary contact number	_____ Secondary contact number

When completing the questionnaire, please do not choose more than one (1) response per question.

The Affirmation and exam applications **must have original signatures.**

Completed exam packets must be postmarked no later than the final filing date. Exam packets postmarked, personally delivered or received via inter-office mail after the final filing date will not be accepted for any reason. Submit completed exam packets only to the address indicated below. Do not submit exam packets to the State Personnel Board, online, or by fax.

“Mail To” Address:

California State Lottery
Human Resources Division
Attention: Brenda Ruiz
P.O. Box 2630
Sacramento, CA 95812-2630

“Deliver To” Address:

California State Lottery
Human Resources Division
Attention: Brenda Ruiz
700 North 10th Street
Sacramento, CA 95811

I hereby certify that the information provided on this Training and Experience Questionnaire is true and correct to the best of my knowledge and contains no willful misrepresentations or falsifications.

I also understand that if it is later discovered that I have made any false representations, I may be removed from the exam and/or the eligible list resulting from this exam, suffer loss of State employment, and/or suffer loss of right to compete in any future State exams.

Your Signature:

Date:

Your Name (Printed): _____