#### EXAMINATION / EMPLOYMENT APPLICATION STD. 678 (REV. 10/2013) Page 1

Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.

### PRINT OR TYPE-PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT IDEN	IFICATION NUMBE	R (EASY ID)					
FIRST 3 LETTERS		MONTH OF BIRTH	DAY OF BIRTH	Less 4 DIGITS OF SOCIAL SECURITY NUMBER			
APPLICANT'S NAM	IE (Lest)		(First)	(M I )	SOCIAL	SECURITY NUMBER	
	Asubonten	*	Charles	А	· · .		
MAILING ADORES	S (Number)	(Street)	E-MAIL ADDRESS		WORK	TELEPHONE NUMBER	
(Citv)			(County)	(State) (Zip Code)	HOMEA	VRS/TTY TELEPHONE N	UMBER
EXAMINATION(S)	OR JOB TITLE(S) P	OR WHICH YOU ARE AF	PLYING				PERSONNEL
Chief, Financia	I Officer, CalPE	ERS. 7PABA					USE ONLY
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2 Do you ne	ed reasonable a	ccommodation to ta	ke an interview or written	test?			
3. Do your re	ligious beliefs p	revent you from tak	ng an examination on Sal	lurday?			
4. Are you no	w employed by	the State of Californ	hia? (If "YES", fill in the Ini	formation below.)			-
Departmer	ıt;		S	ubdivision:			
performan whose disr agreement	ce or for discipli nissals or termi ) or revoked ne	nary reasons? (App nations have been o	licants who have been rej werturned, withdrawn (uni .) Refer to the instruction	nt contract terminated from any positio ected during a probationary period, or llaterally or as part of a settlement s for further information. If "Yes" to			
6. In addition	to English, list	any other languages	you:				
	possess verba						
	an type at a spe		words per minute. (Fo	or typing applicants only;)			
(ANSWER QU	ESTIONS 8 AM	D 9 ONLY IF THE		ES THEY ARE REQUIRED.)			
		and/or maximum a		· · · · · · · · · · · · · · · · · · ·			
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License #		Class:	Restrict				

EXPLANATIONS

### CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.

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.

														DATE SIGNED	,		
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# EXAMINATION / EMPLOYMENT APPLICATION STD. 878 (REV, 10/2013) Page 2

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ICENSES – LIST Y you are an atto			Business /	Administration			BA/BS	07/01/20		
	CROU DIAGON Ind	CENSES A	(BBA) - AC		6 ATED IN THE EX	AMINATION	BULLETIN	05/13/19		
	CERTIFICATE NUMBER	F			ie per under ind	issue Date c	olumn, if stated on the examina			
ertified Public Ac	countant	ISSUE DATE	EXPIRATION DATE			NDICATE SPECIFIC COURSE REQUIREMENTS FOR THIS EXAMINATION	N			
101022814 (State	e of Michigan)	8/22/1994		AICPA Certificate Accounting & Au	is of Completi diting Seminal	on re: GASB 68 In-Depth Governa	ment Pension			
hartered Financia 3364			9/14/2001							
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OM (MMDONY)	TO (MMDONY)	TITLE	CLASSIFICAT	ON Unetwork Day	on Separately. or Level, if applicable)			· · · · · · · · · · · · · · · · · · ·		
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			STATE AGEN				SUPERVISOR PHONE A			
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ARY EADAGO	PER	ADDRESS								
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EMPLOYMENT HIST           FROM (MM/DD/YY)         TC           07/17/2006         07           HOURS PER WEEK         TO           50         4/           SALARY SARNED         PE	0 (MM/DD/YY) 7/30/2010 574 WORKED Marchinesu /D	Charles A  TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	
NOM         (MM/DD/Y)         TC           7/17/2006         07           DURS PER WEEK         10           D         4/           NARY EARNED         PE           MARY EARNED         M	0 (MM/DD/YY) 7/30/2010 574 WORKED Marchinesu /D	-	
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OURS PER WEEK TO 0 4/ NARY EARNED PE	ota, worked <i>modelingu</i> /0		SUPERVISOR NAME
0 4/	/0	Chief Financial Officer & Director (member of the Board of the Directors)	
ALARY EARNED PE		COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
м	10	Rio Tinto/Palabora Mining Company	
	.n	ADDRESS	
UTIES PERFORMED	lonth	1 Copper Rd, Phalaborwa, South Africa	
bilgation (PBO), veste seets and benefits' di mployer board) – res irong team in the CFG embers regarding pla egarding Ptan matters ension cycle; Setting	ed banefits obligation isbursements to re- sponsible for the pi O organization glo an risks and oppo s. Created opport plan actuarial ass	ctor responsible for all financial matters including pension accumulated benefit of tions (VBO) and OPEB Other Post-Employment Benefits calculations and repo- silinees and beneficiaries. Served as the Chairman of the Palabora Employees' Pe- lanning and directing of the financial and investment management of the employe bally US, Europe and Singapore. As the main plan administrator, working with rfunities inherent in the pension plans, especially the DC plans. Interfaced with the unities for members to annualize their accumulated balances as they neared reth- numptions, setting discount rates, selecting investments and investment manager abursements issues, etc.	rting in IFRS, administration of plan msion Fund (leading the employee and se pension fund. Responsible for 60- providers, I led education for plan e South African Pension authorities rement. Experienced on all facets of the
	••••••••••••••••••••••••••••••••••••••		
ROM (MM/DD/YY) TO		TITLE/JOB CLASSIFICATION (Include Range or Lavel, if applicable)	SUCEDINEND NAME
	7/03/2008	Director & Group Controller (Chief Financial Officer of Energy Distribution)	
		COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
	/10	DTE Energy	
PE		ADORESS	
MILES PERFORMED	lonth	One Energy Plaza, Detroit, MI 48226	
SFAS 87 for the Energ	y Distribution grou	obligations (VBO) and OPEB calculations and reporting for the Energy Distributi up. Led a team of 45 financial professionals in delivering corporate objectives. The management, and pensions. The group Hed scored the highest employee satisf	he financial work included planning and
φ.			
EASON FOR LENSING			
FASON FOR LENSING			·
	) ( <i>MM/CONY</i> )	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUDECASCO ILLUE
ROM (МИССИЧЧ) ТО	0 (MMDONY) 8/03/1998	TITLENOS CLASSIFICATION (Include Range or Level, if applicable) Financial Analyst	SIDEGNEOR HILLE
ком <i>(міморичч)</i> то 8/01/1994 08	• · · · · ·		SLIPEONEOR HUNE
ROM (MMCDAYY) TO 8/01/1994 08 OURS PER WEEK TOT 0 4/1	8/03/1998 TAL VIONCED (Marshammu 10	Financial Analyst	
ROM ( <i>MMODYYY</i> ) TO 8/01/1994 06 OURS PER WEEK TO	8/03/1998 TAL VIONCED (Marshammu 10	Financial Analyst Company/state agency name	

### EXAMINATION / EMPLOYMENT APPLICATION STD. 678 (REV. 10/2013) Page 4

APPLICANT'S NAME (L	asi)	(First) (M L)		
Asubonten		Charles A		
EMPLOYMENT HIS	STORY (Continued	9		
FROM (MHODAYY)	TO (MALODAYY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)		SUPERVISOR NAME
09/02/1991	08/31/1993	Financial Analyst/Systems Analyst		
HOURS PER WEEK	TOTAL WORKED ITHE HOURS	COMPANY/STATE AGENCY NAME		SUPERVISOR PHONE NUMBER
50	1/3	Dow Chemical Company		
SALARY FARMED	PER	ADDRESS		······································
	Month	2030 Dow Center, MI 48674		
OUTIES PERFORMED	1		······	
ine, measury pepan	Iment during MBA st	ivsis projects in the corporate controller's department and the Michigan udies. Project highlights included:		
Developed a put opi Created a financial i Analyzed the cash r Served as the Data Wrote programs in F Contributed significa	tion trading model to reporting package to nanagement charge: Coordinator for the / FOCUS to provide se antiv to cross-functio.	rest rate exposure on leases; recommended a robust leasing system us determine an optimal equity put option strategy; adopted by the CFO, track affiliated companies; reduced workload by 50%. s and recommended banks which offered optimal value to the company Accounts Payable department; analyzed and designed systems solution enfor management with financial analyses. nal teams to solve P&L issues. anager Award for Process Improvement.		to offset risks embedded in the lease
		anago / marster / roodss anpiovenetic.		
FROM (MM/DD/YY)	TO (MMODAY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	<u>I</u>	
08/07/1989	04/26/1991	Auditor/Accountant		
HOURS PER WEEK		COMPANY/STATE AGENCY NAME		
50	1/10	KPMG		
	PER	ADDRESS		·
OUTIES PERFORMED		4242 Six Forks Rd, Suite 850, Raleigh, NC 27609		
high-technology. ? Promoted ? Recognize ? Clients au	from assistant to sta for detailed work a	and efficiency improvements. ral Electric Mortgage Insurance Corporation.	ical governr	nent, manufacturing, hospitalities, and
PEASONEORIEMAN		· · ·		
		TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)		SUPERVISOR NAME
0.000				
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