Assistant Director of Dietetics
Examination Announcement

Statewide Open Examination

Final Filing Date: Continuous Filing

Salary: $5,477.00 - $6,856.00

EEO

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

DRUG FREE STATEMENT

It is an objective of the state of California to achieve a drug-free state work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service and the special trust placed in public servants.

WHO SHOULD APPLY?

Candidates who meet the minimum qualifications as stated may apply for this examination. Once you have taken the examination, you may not reapply for twelve (12) months. All applicants must meet the education and/or experience requirements as stated on this examination announcement.

FILING INSTRUCTIONS

Applicants may apply via mail or hand deliver the application to the Human Resources Division at the address listed below. Applications (STD. 678) are available at CalHR’s website https://jobs.ca.gov/pdf/STD678.pdf

The Qualifications Assessment for Assistant Director of Dietetics can be downloaded from the California Department of Veterans Affairs web site at: www.calvet.ca.gov or copies may be obtained by calling (916) 653-2535, or by going to the address listed below.

California Department of Veterans Affairs (CalVet)
Attn: Assistant Director of Dietetics
1227 O Street, Room 404
Sacramento, CA 95814

The testing office will accept Examination Applications (STD. Form 678) continuously and will notify and test applicants on an as needed basis.

Submit applications only to the address indicated above. Do not submit to the California Department of
Human Resources (CaHR).

NOTE: Only applications with original signature will be accepted. Facsimiles (FAX) or emailed applications will not be accepted under any circumstances.

SPECIAL TESTING ARRANGEMENTS

If you have a disability and need special assistance or special testing arrangements, mark the appropriate box on the “Examination Application”. You will be contacted to make special arrangements.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

NOTE: All applicants must meet the education and/or experience requirements as stated on this examination bulletin by the final filing date. Your signature on your application indicates that you have read, understood, and possess the qualifications required.

NOTE: Applications/resumes MUST contain the following information: "to" and "from" dates (month/day/year), time base, civil service class title(s), and range, if applicable. College course information MUST include: title, semester or quarter credits, name of institution, completion dates, and degree (if applicable).

Applications/resumes received without this information may be rejected.

MINIMUM QUALIFICATIONS

Either I: One year of experience performing the duties of a Clinical Dietitian in the California state service.

Or II: Experience: Two years of clinical or administrative experience in dietetic practice, and registration with the Commission on Dietetic Registration of the American Dietetic Association. (Applicants who are eligible to apply for registration will be admitted to the examination but must become registered to be eligible for appointment.) And

Education: Equivalent to graduation from college with a major in Dietetics or Institutional Management from a coordinated under graduate dietetic program or a formalized post baccalaureate education program approved by the American Dietetic Association.

POSITION DESCRIPTION

Under direction, to assist in the general operation of the food service and dietary activities of a State institution other than a correctional facility; to have specific assigned responsibilities in the area of clinical or administrative dietetic practice; and to do other related work.

ELIGIBLE LIST INFORMATION

Names of successful competitors are merged onto the list in order of final scores, regardless of date. Eligibility expires after 12 months unless the needs of the services and conditions of the list warrant a change in this period. The resulting eligible list will be used to fill vacancies statewide.

EXAMINATION INFORMATION

Qualifications Assessment -- Weighted 100%

This examination will consist of a Qualifications Assessment weighted 100%. Candidates must attain an overall minimum score of 70% in order to be placed on the eligible list.

NOTE: It is especially important that each applicant take special care to accurately and completely fill out their application. List all experience relevant to the "Minimum Qualifications" shown on this announcement.

CANDIDATES WHO DO NOT COMPLETE OR SUBMIT THE QUALIFICATIONS ASSESSMENT WILL BE DISQUALIFIED.
KNOWLEDGE, SKILLS, ABILITIES, & PERSONAL CHARACTERISTICS

Knowledge of:

1. Principles of nutrition and dietetic practice.
2. Sanitation and safety measures used in the operation, cleaning and care of utensils, equipment and work areas.
3. Laws, rules, regulations, and accreditation standards regarding food preparation and service.
5. Personnel management practices and techniques.

Ability to:

1. Apply the principles and practices of nutrition and dietetics.
2. Plan, organize, and direct the work of others.
3. Requisition supplies and equipment.
4. Plan and conduct in-service training programs.
5. Analyze situations accurately and adopt an effective course of action.
6. Keep records and prepare reports.
7. Effectively contribute to the department’s equal employment opportunity objectives.

VETERANS PREFERENCE

Veterans preference credits will be added to the final score of those competitors who are successful in this examination and who qualify for, and have requested, these points. VETERANS WHO HAVE ACHIEVED PERMANENT CIVIL SERVICE STATUS ARE NOT ELIGIBLE TO RECEIVE VETERANS CREDITS.

IMPORTANT CHANGES – EFFECTIVE JANUARY 1, 2014

Assembly Bill 372, signed into law by Governor Brown on August 12, 2013, changes the way the Veterans Preference process is administered by the State of California. Veterans Preference will be awarded as follows, starting on January 1, 2014:

1. Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veteran’s preference.

2. An entrance examination is defined, under the law, as any open competitive examination.

3. Veterans Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS PREFERENCE

The California Department of Human Resources (CalHR) has information on how to apply for Veterans Preference on their website at https://jobs.ca.gov/pdf/CALHR1093.pdf and on the Application for Veterans Preference form (CalHR 1093). Additional information is also available at the Department of Veterans Affairs website at www.calvet.ca.gov.

CONTACT INFORMATION

For additional information regarding this examination, please contact the Department of Veterans Affairs (CalVet) Examination Unit at (916) 653-2535.

DISCLAIMER

Please click on the link below to review the official California Department of Human Resources (CalHR) class specification: Assistant Director of Dietetics.
GENERAL INFORMATION

The Department of Veterans Affairs (CalVet) reserves the right to revise the examination plan to better the needs of the service if the circumstances change under which this examination was planned. Such revision will be in accordance with civil service laws and rules and all candidates will be notified.

It is the candidate's responsibility for an examination without a written feature to contact the Department of Veterans Affairs (CalVet) three weeks after the final filing date if he/she has not received any notification.

It is the candidate's responsibility for an examination with a written feature to contact the Department of Veterans Affairs (CalVet) six weeks after the final filing date if he/she has not received any notification.

If a candidate's notice of oral interview fails to reach him/her 3 days prior to their scheduled appointment date due to a verified postal error, he/she will be rescheduled upon written request. It is the candidate's responsibility to contact the CalVet at (916) 653-2535.

Examination Locations: Locations of interviews may be limited or extended as conditions warrant.

Examination Applications are available at https://jobs.ca.gov/pdf/STD678.pdf, CalHR State Jobs Center, State Personnel Board offices, local offices of the Employment Development Department and the testing department on this job bulletin.

If you meet the requirements stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

Candidates needing special testing arrangements due to a disability must mark the appropriate box on the application and/or contact the testing department.

General Qualifications: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

Eligible Lists: Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

Promotional Examinations Only: Competition is limited to employees who have a permanent civil service appointment and military veterans that meet all the minimum qualifications. Under certain circumstances, other employees may be allowed to compete under provisions of Rules 234, 235, and 235.2. State Personnel Board Rules 233, 234, 235, 235.2, and 237 contain provisions regarding civil service status and eligibility for promotional examinations. These rules may be reviewed at http://www.spb.ca.gov/

If High School Equivalence is Required: Equivalence to completion of the 12th grade may be demonstrated in any one of the following ways: 1) passing the General Educational Development (GED) Test; 2) completion of 12 semester units of college work; 3) certification from the State Department of Education, a local school board, or high school authorities that the candidate is considered to have education equivalent to graduation from high school; 4) for clerical and accounting classes, substitution of business college work in place of high school on a year-for-year basis.

College Education: The qualifications meeting the requirement “Equivalent to graduation from college” means satisfaction of the requirements for the bachelor’s degree from an accredited, recognized institution of higher education. This means the applicant must show receipt of a bachelor’s degree. Acceptable college course work must be from an accredited, recognized institution approved by the California Superintendent.

TTD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TTD Device. California Relay Service (Telephone) for the deaf or hearing impaired. From TDD phones: 1-800-735-2929 or from voice phone: 1-800-735-2922.

Department of Veterans Affairs (CalVet), Examination, 1227 O Street, Room 404, Sacramento, CA 95814
Phone: (916) 653-2535 Website: www.calvet.ca.gov
Qualifications Assessment Examination Instructions

EXAMINATION INFORMATION

All parts of this examination belong to the Department of Veterans Affairs.

HOW TO COMPLETE YOUR QUALIFICATIONS ASSESSMENT EXAMINATION

- Read the instructions on the Qualifications Assessment Examination carefully before you begin.
- Please note that your overall score will be determined solely by the information you provide on this Qualifications Assessment Examination. Information on your application will not be used to determine your final score.
- Please utilize the checklist below to complete the 4 sections in the examination.

☐ Section 1: Employment/Education Verification
  • Provide any previous and current Employment and/or Education information.
  • Use the Employment/Education Verification information to complete Sections 2 and 3.

☐ Section 2: Task Ratings
  • EXPERIENCE/EDUCATION Column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have performed the item.
  • FREQUENCY column: Using the Frequency Scale, provide the number that corresponds with the number of times you have performed the item.
  • VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answers you provided under the Experience/Education and Frequency column for each item.

☐ Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings
  • EXPERIENCE/EDUCATION column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have applied the item.
  • VERIFICATION column: Mark the appropriate verification Employment and/or Education box for each item that corresponds to the answers you provided under the Experience/Education column for each item.
Qualifications Assessment Examination Instructions

☐ Section 4: Conditions of Employment
- Mark the type of Appointment and Locations in which you are willing to work.

☐ Signature
- Failure to include an original signature on page 3 of the examination may result in disqualification.

NOTE: INCORRECT MARKS OR BLANK RESPONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE OR RESULT IN DISQUALIFICATION FROM THIS EXAMINATION.

An example on how to fill out the Qualifications Assessment Examination has been provided on the next page. For additional information on completing the Qualifications Assessment Examination, please click here.

Please submit your completed Qualifications Assessment Examination, along with a State Application (STD. 678) as follows:

Mail or Hand Deliver to:
DEPARTMENT OF VETERANS AFFAIRS
EXAMINATION UNIT
1227 O STREET, ROOM 404
SACRAMENTO, CA 95814
(916) 653-2535
Training Program Specialist
Qualifications Assessment Examination

Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate’s Name:  John Doe
Social Security Number:  555-00-5555
Address:  1123 Mather Road, Sunny City, CA 91215

***In order to expedite the examination process, your phone numbers are required***

Home Phone Number:  123-555-555
Work Phone Number:  123-456-7890
Cellular Phone Number:  123-233-4455

Section 1: Employment/Education Verification

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3.

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

EMPLOYMENT

Employment A

Job Title: Training Coordinator
Organization Name and Address: ABZ, Corporate Agency, 123 Oak Ave, Sacramento, CA 95814
Dates Worked: From: 7/1/2010 To: 7/30/2013
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: Dana Clark
Contact Phone Number(s) of the above Individual(s): 555-565-5656

EDUCATION

Education A

School Name and Address: University of California, Sunny City
Degree(s) Earned: Business Administration with Concentration in Communications
Date(s) Attended: From: 9/1/2005 To: 5/1/2010
## Section 2: Task Ratings

**Instructions:**
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**.
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-2, provide responses regarding your:
- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**.
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
- Ensure you have marked at least one box for each item in the Verification column.
- Make sure the Verification column is marked correctly for the Employment/Education you indicated.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>FREQUENCY SCALE</th>
<th>VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have performed this task for:</td>
<td>I have performed this task:</td>
<td>Employment (Emp)/ Education (Edu)</td>
</tr>
<tr>
<td></td>
<td>4 - More than five years</td>
<td>4 - More than 30 times</td>
<td>$\bigcirc$ Emp A</td>
</tr>
<tr>
<td></td>
<td>3 - More than three years and up to five years</td>
<td>3 - At least 21-30 times</td>
<td>$\bigcirc$ Edu A</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td>2 - At least 11-20 times</td>
<td>$\bigcirc$ Emp B</td>
</tr>
<tr>
<td></td>
<td>1 - More than six months and up to one year</td>
<td>1 - At Least 1-10 times</td>
<td>$\bigcirc$ Edu B</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>0 - 0 times</td>
<td>$\bigcirc$ Emp C</td>
</tr>
</tbody>
</table>

1. Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.

2. Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.
### Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

**Instructions:**
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**.
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 3-4, provide responses regarding your:
- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in Section 1: Employment/Education Verification.
  
  Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>EXPERIENCE / EDUCATION</th>
<th>VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have applied this knowledge, skill, and/or ability for:</td>
<td>3</td>
<td>❌ Emp A  ❌ Edu A</td>
</tr>
<tr>
<td></td>
<td>4 - More than five years</td>
<td></td>
<td>❌ Emp B  ❌ Edu B</td>
</tr>
<tr>
<td></td>
<td>3 - More than three years and up to five years</td>
<td></td>
<td>❌ Emp C  ❌ Edu C</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td></td>
<td>❌ Emp D  ❌ Edu D</td>
</tr>
<tr>
<td></td>
<td>1 - More than six months and up to one year</td>
<td></td>
<td>Emp__  Edu__</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td></td>
<td>Emp__  Edu__</td>
</tr>
<tr>
<td>3.</td>
<td>Knowledge of training techniques to ensure informative and engaging discussions for various audiences.</td>
<td>3</td>
<td>❌ Emp A  ❌ Edu A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❌ Emp B  ❌ Edu B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❌ Emp C  ❌ Edu C</td>
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<td></td>
<td></td>
<td>❌ Emp D  ❌ Edu D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emp__  Edu__</td>
</tr>
<tr>
<td>4.</td>
<td>Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.</td>
<td>2</td>
<td>❌ Emp A  ❌ Edu A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❌ Emp B  ❌ Edu B</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>❌ Emp C  ❌ Edu C</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>❌ Emp D  ❌ Edu D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emp__  Edu__</td>
</tr>
</tbody>
</table>
**INTENTIONALLY LEFT BLANK**
The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Assistant Director of Dietetics examination consists of a Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

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Candidate’s Name: _____________________________________________

Social Security Number: ____________________________________________

Address: _______________________________________________________________________________________

***In order to expedite the examination process, your phone numbers are required***

Home Phone Number: _____________________________________________

Work Phone Number: _____________________________________________

Cellular Phone Number: _____________________________________________

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**Section 1: Employment/Education Verification**

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3.

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

**EMPLOYMENT**

**Employment A**

Job Title: _____________________________________________

Organization Name and Address: ___________________________________________________________________

Dates Worked (mm/dd/yyyy): From: ____________ To: ____________

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: ______________________________

Contact Phone Number(s) of the above Individual(s): ____________________________

**Employment B**

Job Title: _____________________________________________

Organization Name and Address: ___________________________________________________________________

Dates Worked (mm/dd/yyyy): From: ____________ To: ____________

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: ______________________________

Contact Phone Number(s) of the above Individual(s): ____________________________

Assistant Director of Dietetics
Page 1
Employment C

Job Title: _____________________________________
Organization Name and Address: ___________________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment D

Job Title: _____________________________________
Organization Name and Address: ___________________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment E

Job Title: _____________________________________
Organization Name and Address: ___________________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment F

Job Title: _____________________________________
Organization Name and Address: ___________________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________
Contact Phone Number(s) of the above Individual(s): _________________________

EDUCATION

Education A

School Name and Address: _______________________________________________________________________
Degree(s) Earned: ____________________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________

Education B

School Name and Address: _______________________________________________________________________
Degree(s) Earned: ____________________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________

Education C

School Name and Address: _______________________________________________________________________
Degree(s) Earned: ____________________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________
Education D

School Name and Address: ____________________________________________________________

Degree(s) Earned: ________________________________________________________________

Date(s) Attended (mm/dd/yyyy): From: ____________ To: _____________

CERTIFICATION – IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING – if not signed, this Examination may be disqualified.

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the individuals or educational institutions you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate employment and/or education information may result in a low score or disqualification from this Examination.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided on this Examination, you may be disqualified from this process, removed from the certification list(s), suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

I certify and understand that all statements I have made in this Examination are true and complete to the best of my knowledge and contain no willful misrepresentation or falsifications. Failure to include original signature may result in disqualification.

_________________________________________  ____________
Signature                                        Date

FILING INSTRUCTIONS:
Please submit your completed Qualifications Assessment Examination and a State Application (STD. 678) as follows:

Mail or Hand Deliver to:
DEPARTMENT OF VETERANS AFFAIRS
EXAMINATION UNIT
1227 O STREET, ROOM 404
SACRAMENTO, CA 95814
(916) 653-2535
MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications on his/her application by the date it is received. If not, the candidate’s application in the examination process will be rejected and his/her Qualifications Assessment Examination will not be scored. Please ensure that your State Application (STD. 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

Either I
One year of experience performing the duties of a Clinical Dietitian in the California state service.

Or II
Experience: Two years of clinical or administrative experience in dietetic practice, and registration with the Commission on Dietetic Registration of the American Dietetic Association. (Applicants who are eligible to apply for registration will be admitted to the examination but must become registered to be eligible for appointment.) and

Education: Equivalent to graduation from college with a major in dietetics or institutional management from a coordinated undergraduate dietetic program or a formalized post baccalaureate education program approved by the American Dietetic Association.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to abide by and adhere to the departmental policies and procedures if appointed to a position with the State of California?
   - Yes
   - No

2. Are you willing to report to work on time and follow procedures for reporting absences?
   - Yes
   - No

3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?
   - Yes
   - No

4. Are you willing to undergo an annual health review?
   - Yes
   - No

5. Are you willing to undergo annual TB testing?
   - Yes
   - No

6. Are you willing to keep current with the completion of all required training?
   - Yes
   - No

STATE EMPLOYMENT INFORMATION FOR PREVIOUSLY DISMISSED EMPLOYEES

*Complete this section ONLY* if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. *IF THIS DOES NOT APPLY TO YOU*, please skip this question.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

- Yes
- No
- Not Applicable
## Section 2: Task Ratings

**Instructions:**
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-21, provide responses regarding your:
- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

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<td>0 - Not performed</td>
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1. Supervise and coordinate activities for clinical, production and/or presentation in provision of nutritional care of resident population.

2. Assist in the establishment and implementation of policies and procedures within the Food and Nutrition Services Department.

3. Provide for the nutritional education of the resident population and employees.

4. Serve as liaison between the Administrative and Clinical staff, in matters dealing with Food and Nutrition Services.
Name: ____________________________

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<td>☐ Emp_ ☐ Edu_</td>
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<td>5.</td>
<td>Serve as relief for Director of Dietetics to ensure efficient operation of the Food and Nutrition Services Department.</td>
<td>☐ Emp A ☐ Edu A</td>
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<tr>
<td>6.</td>
<td>Assist in the supervision of clinical, production and/or presentation functions of the Food and Nutrition Services Department.</td>
<td>☐ Emp B ☐ Edu B</td>
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<tr>
<td>7.</td>
<td>Assist in the ordering of food and supplies in order to stay within budget authority.</td>
<td>☐ Emp C ☐ Edu C</td>
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<tr>
<td>8.</td>
<td>Evaluate food acceptance and make recommendations for menu changes.</td>
<td>☐ Emp D ☐ Edu D</td>
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<tr>
<td>9.</td>
<td>Assist in budget planning for food, supplies, equipment and personnel.</td>
<td>☐ Emp_ ☐ Edu_</td>
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<td>10.</td>
<td>Review menu patterns appropriate for residents and conduct ongoing nutritional analysis to conform with regulatory requirements.</td>
<td>☐ Emp A ☐ Edu A</td>
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<tr>
<td>11.</td>
<td>Ensure that the Food and Nutrition Services Department’s staff are adhering to the sanitation and safety measures in the operation, cleaning and care of utensils, equipment and work areas.</td>
<td>☐ Emp B ☐ Edu B</td>
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<td>12.</td>
<td>Demonstrate competent ability in the operation of office equipment (e.g., computer, fax, copier, etc.).</td>
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<tr>
<td>13.</td>
<td>Prepare and maintain various documents (e.g., reports, notes, records, etc.) to disseminate information and ensure compliance with policies, procedures, regulations, etc.</td>
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<td>14.</td>
<td>Promote the department’s Equal Employment Opportunity program in the hiring process to ensure compliance and maintain a work environment free from harassment and discrimination.</td>
<td>I have performed this task for:</td>
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<td>0 - 0 times</td>
<td>□ Emp_ □ Edu_</td>
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<td>15.</td>
<td>Carry out supervisory responsibilities in the workplace with regard to policies and mandates concerning Equal Employment Opportunity, American Disability Act, and other personnel practices.</td>
<td>I have performed this task:</td>
<td>□ Emp A □ Edu A</td>
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<td>16.</td>
<td>Assist in the planning of regular and modified therapeutic menus.</td>
<td>I have performed this task:</td>
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<td>4 - More than 30 times</td>
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<td>17.</td>
<td>Attend and participate in meetings.</td>
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<td>18.</td>
<td>Attend training classes for managers and supervisors (e.g., sexual harassment, equal employment opportunity, supervisor training, etc.).</td>
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<td>19.</td>
<td>Responsible for the accuracy and maintenance of the Food and Nutrition Services’ computer system.</td>
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<td>20.</td>
<td>Ensure that food items are ordered and delivered to meet the needs of the menu.</td>
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<td>4 - More than 30 times</td>
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<td>21.</td>
<td>Assist in planning, writing, analyzing, and implementing the Regular and modified therapeutic menus to meet the nutritional requirements of a healthy diet while staying within budget.</td>
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### Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

**Instructions:**
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-14, provide responses regarding your:
- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

#### EXPERIENCE / EDUCATION SCALE
I have applied this knowledge, skill, and/or ability for:
- 4 - Three years or more
- 3 - Two years but less than three years
- 2 - One year but less than two years
- 1 - Less than one year
- 0 - Not performed

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<td>1.</td>
<td>Thorough knowledge of the principles of food and nutrition practices.</td>
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<td>2.</td>
<td>Thorough knowledge of sanitation and safety measures used in the operation, cleaning and care of utensils, equipment and work areas.</td>
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<td>3.</td>
<td>Thorough knowledge of laws, rules, and regulations, and accreditation standards regarding food preparation and service.</td>
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<td>4.</td>
<td>Thorough knowledge of cost control records for foods.</td>
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<td>Emp</td>
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<td>5.</td>
<td>Thorough knowledge of personnel management practices and techniques.</td>
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<td>Intermediate knowledge of operating a personal computer.</td>
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<td>Thorough knowledge of the principles of effective supervision.</td>
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<td>8.</td>
<td>Ability to apply the principles and practices of Food and Nutrition.</td>
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<td>9.</td>
<td>Ability to plan, organize, and direct the work of others.</td>
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<td>10.</td>
<td>Ability to plan and conduct in-service training programs to provide information and direction to food service staff and resident volunteers.</td>
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<td>11.</td>
<td>Ability to analyze situations accurately and adopt an effective course of action.</td>
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<td>12.</td>
<td>Ability to keep records and prepare reports.</td>
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<td>13.</td>
<td>Ability to establish and maintain cooperative interrelationships with individuals, co-workers and residents in the course of work.</td>
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14. Ability to communicate effectively, both verbally and in writing.
Type of Employment You Will Accept:
Please select all locations and tenures for which you are willing to accept employment. If you are successful in the examination, your name will be placed on the employment list and referred to fill vacancies according to the conditions you specify on this form.

- Permanent – Full Time
- Limited Term – Full Time
- Permanent – Part Time
- Limited Term – Part Time
- Permanent – Intermittent
- Limited Term – Intermittent
- ANYWHERE IN THE STATE – If checked, no further selection is necessary.
  If you select more than 15 counties below, you may be considered available for work anywhere in the State

- 8004 ANYWHERE IN THE NORTHERN REGION or make Northern Region county choices below.
  - 0400 Butte
  - 2300 Mendocino
  - 4600 Sierra
  - 0600 Colusa
  - 2500 Modoc
  - 4700 Siskiyou
  - 0800 Del Norte
  - 2900 Nevada
  - 5100 Sutter
  - 1100 Glen
  - 3100 Nevada
  - 5200 Tehama
  - 1200 Humboldt
  - 3200 Plumas
  - 5300 Trinity
  - 1700 Lake
  - 4500 Shasta
  - 5800 Yuba
  - 1800 Lassen

- 8001 ANYWHERE IN THE CENTRAL REGION or make Central Region county choices below.
  - 0100 Alameda
  - 2200 Mariposa
  - 4100 San Mateo
  - 0200 Alpine
  - 2400 Merced
  - 4300 Santa Clara
  - 0300 Amador
  - 2700 Monterey
  - 4400 Santa Cruz
  - 0500 Calaveras
  - 2800 Napa
  - 4800 Solano
  - 0700 Contra Costa
  - 3400 Sacramento
  - 4900 Sonoma
  - 0900 El Dorado
  - 3500 San Benito
  - 5000 Stanislaus
  - 1000 Fresno
  - 3800 San Francisco
  - 5500 Tuolumne
  - 2000 Madera
  - 3900 San Joaquin
  - 5700 Yolo
  - 2100 Marin

- 8011 ANYWHERE IN THE SOUTHERN REGION or make Southern Region county choices below.
  - 1300 Imperial
  - 2600 Mono
  - 4000 San Luis Obispo
  - 1400 Inyo
  - 3000 Orange
  - 4200 Santa Barbara
  - 1500 Kern
  - 3300 Riverside
  - 5400 Tulare
  - 1600 Kings
  - 3600 San Bernardino
  - 5600 Ventura
  - 1900 Los Angeles
  - 3700 San Diego

Please notify the Department of Veterans Affairs, Examination Unit promptly of address or location preference changes at 1227 O Street, Room 404, Sacramento CA 95814 or (916) 653-2535.
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

APPLICATION IDENTIFICATION NUMBER (EASY ID)

FIRST 3 LETTERS OF LAST NAME AT BIRTH MONTH OF BIRTH DAY OF BIRTH Last 4 DIGITS OF SOCIAL SECURITY NUMBER EASY ID

APPLICANT’S NAME (Last) (First) (M.I.) SOCIAL SECURITY NUMBER

MAILING ADDRESS (Number) (Street) E-MAIL ADDRESS WORK TELEPHONE NUMBER

(City) (County) (State) (Zip Code) HOME/VRS/TTY TELEPHONE NUMBER

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING

PERSONNEL USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

1. Enter the county in which you would like to take the examination if different from the county of your residence:

2. Do you need reasonable accommodation to take an interview or written test?

3. Do your religious beliefs prevent you from taking an examination on Saturday?

4. Are you now employed by the State of California? (If “YES”, fill in the information below.)

   Department: ____________________________ Subdivision: ____________________________

5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If “YES”, give details in the Explanations section below. Refer to the instructions for further information.

6. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency?

7. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency?

8. In addition to English, list any other languages you:
   a. possess verbal fluency in ____________________________
   b. possess written fluency in ____________________________

9. I certify I can type at a speed of ________ words per minute. (For typing applicants only.)

   ANSWER QUESTIONS 10 AND 11 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.

10. Do you meet the minimum and/or maximum age requirements?

11. Do you possess a valid California Driver License? (If “YES”, fill in the information below.)

   License # ____________________________ Class: ____________________________ Restrictions: ____________________________

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.

APPLICANT’S SIGNATURE ____________________________ DATE SIGNED ____________________________

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

<table>
<thead>
<tr>
<th>Classes</th>
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<td>LICENSE REQUIREMENT</td>
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<td>OTHER</td>
</tr>
<tr>
<td>STAFF</td>
</tr>
<tr>
<td>DATE PROCESSED</td>
</tr>
</tbody>
</table>
# Education

**DID YOU GRADUATE FROM HIGH SCHOOL?**

- Yes
- No

**IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?**

- Yes
- No

**IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED**

<table>
<thead>
<tr>
<th>UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL</th>
<th>COURSE OF STUDY</th>
<th>UNITS COMPLETED SEMESTER</th>
<th>UNITS COMPLETED QUARTER</th>
<th>DIPLOMA, DEGREE OR CERTIFICATE OBTAINED</th>
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</table>

**LICENSES — LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.**

*(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)*

<table>
<thead>
<tr>
<th>LICENSE / CERTIFICATION NUMBER</th>
<th>ISSUE DATE</th>
<th>EXPIRATION DATE</th>
<th>IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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# Employment History—Begin with your most recent job. List each job separately.

**FROM (MM/DD/YY) TO (MM/DD/YY)**

**TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)**

**SUPERVISOR NAME**

**HOURS PER WEEK**

**TOTAL WORKED (Years/Months)**

**COMPANY/STATE AGENCY NAME**

**SUPERVISOR PHONE NUMBER**

**SALARY EARNED**

**PER**

**ADDRESS**

**DUTIES PERFORMED**

**REASON FOR LEAVING**

**FROM (MM/DD/YY) TO (MM/DD/YY)**

**TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)**

**SUPERVISOR NAME**

**HOURS PER WEEK**

**TOTAL WORKED (Years/Months)**

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**DUTIES PERFORMED**

**REASON FOR LEAVING**
# Employment History (Continued)

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## Duties Performed

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### DUTIES PERFORMED

| REASON FOR LEAVING |
APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the California Department of Human Resources to retain this information for research and statistical purposes.

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>AGE</th>
<th>GENDER</th>
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<tbody>
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<td></td>
<td>Under 21 (1)</td>
<td>21 - 39 (3)</td>
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</table>

PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

- ASIAN GROUP
  - Asian Indian (M)
  - Cambodian (U)
  - Chinese (J)
  - Filipino (O)
  - Japanese (V)
  - Korean (K)
  - Laotian (V)
  - Vietnamese (L)
  - Other Asian Group (S)

- HISPANIC GROUP
  - Cuban (C)
  - Mexican/Mexican American (A)
  - Puerto Rican (R)
  - Other Hispanic/Latino Groups (D)

- PACIFIC ISLANDER GROUP
  - Guamanian or Chamorro (R)
  - Hawaiian (P)
  - Samoan (Q)
  - Other Pacific Islander Group (T)

- OTHER GROUPS
  - Aleut (O)
  - American Indian/Native American (H)
  - Black/African American (F)
  - Eskimo (N)
  - White (E)
  - Other Racial Group (x)
  - Choose not to Identify (Z)

- DISABILITY (Y) — A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

- MILITARY — A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
INSTRUCTIONS

Read the following instructions carefully before completing this application. Please complete the application on a personal computer or print in ink. All questions must be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

Easy ID – Filling out this section is no longer required and will be removed in a future version of this application.

Social Security Number – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). However, if the Social Security number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference, Career Credits, written test waivers, or to check for eligibility in promotional examinations and job positions.

Telephone Number – Provide your 10-digit home, mobile, or work telephone number. You may also provide a Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination(s) or Job Title(s) – Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., state employee, veteran, legislative employee, etc.). If applying for a job position, enter the class title of the job position for which you are applying.

Question 2 – Reasonable accommodation will be provided to applicants who need assistance to take an interview or written test. If you check “Yes” you will be contacted via telephone or mail to make specific arrangements.

Question 5 – Employment History/Discharges. Question 5 must be answered by all applicants. You must answer “Yes” if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer “Yes.” Explain any “Yes” answers in the Explanations section. Briefly describe the facts, findings, any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer “Yes” to Question 5 if:
• you have been rejected during a probationary period; or
• your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
• a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period, applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application.

Question 6 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer “Yes” to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within California state civil service, where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with the state or any state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University.

Question 7 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer “Yes” to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a particular state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer “Yes” to this question, please provide the name of the particular agency and the details in the Explanations section.

Questions 10 and 11 – These questions should be answered only if the examination bulletin indicates a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.
Explanations – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

Applicant’s Signature – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected. Electronic submission of your application through Cal Career Account certifies your application in place of a signature and date signed.

Education – You must include a complete record of your training and educational background. Please read the requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, you may attach additional documentation.

Licenses – If the examination bulletin requires a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

Employment History and Experience – You must include a complete list of your paid and/or volunteer work experience that relates to the qualification requirements specified on examination bulletin. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they directly relate to the job for which you are applying. State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.

Equal Employment Opportunity Page – Providing this information is voluntary. This data is only to be used for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

Examinations Granting Veterans’ Preference – If you have not previously applied and been approved for Veterans’ Preference, you must complete and submit the Veterans’ Preference Form, CALHR-1093 to the California Department of Human Resources.

NOTE: Your completed application and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code section 18934. This application and other confidential information will not be returned; therefore, it is recommended that you keep a copy of your completed application for your personal records. Your rights to inspect your examination papers are set forth in Section 186-189 of Title 2 of the California Code of Regulations, which can be accessed at Office of Administrative Law web site at: oal.ca.gov

PLEASE ENTER YOUR NAME ON PAGES WHERE INDICATED
AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.