Chief of Plant Operation II
Examination Announcement

Statewide Open Examination for all State Departments

Final Filing Date: Continuous Filing

Salary: $5,279.00 - $6,554.00

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: www.jobs.ca.gov

California Department of Veterans Affairs (CalVet)
Attn: Chief of Plant Operation II
1227 O Street, Room 404
Sacramento, CA 95814

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

All mailed applications must be POSTMARKED no later than the final filing date or will not be accepted for any reason. Applications that are personally delivered or sent via interoffice mail must be received at the above address before the close of business 5:00 p.m. on the final filing date or will not be accepted for any reason.

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

**Experience:** Either:

1. One year of experience performing the duties of a Chief of Plant Operations I or a Chief Engineer II in the California state service; or

2. Two years of experience in the California state service performing the duties of a Chief Engineer I or Supervisor of Building Trades; or

3. Three years of experience performing the duties of a trades supervisor in the California state service; or

4. Two years of experience in charge of plant operation in a plant or facility with a population of at least 1,000 residents and employees and employing maintenance crew of at least 35 persons, including both stationary engineers and building tradespersons.

**POSITION DESCRIPTION**

Plan and supervise the operation, maintenance, and repair of the plumbing, heating, lighting, intercommunicating, water treatment, sewage disposal, air conditioning, ventilating and refrigerating systems, and auxiliary equipment, including high-pressure steam boiler units, gas and oil furnaces, transformers, chlorinators, pumps, compressors, condensers, steam lines, water lines, gas lines, steam traps, meters, recorders, and electronic and fire alarm systems; are responsible for the facilities' energy management program; assign and inspect the carpentry, masonry, and painting work required in the maintenance and repair of buildings and structures; supervise the installation, maintenance, and repair of laundry, kitchen, dairy, cannery, and sewage plant and similar institution facilities and equipment, the upkeep of walks and roads, and the repair and construction of parts, tools, and fixtures; coordinate the work of skilled and semiskilled employees; check and consult with the skilled crafts persons in the various repair shops on work progress and problems; inspect equipment and facilities to determine condition and need for repairs; estimate future equipment and material requirements; maintain blueprints and records of institutions or facilities; keep records of equipment and operating data; and prepare reports; plan for construction and building maintenance programs and such other related activities as may be delegated; and do other related work.

**ELIGIBLE LIST INFORMATION**

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. Knowledge of rules and safety orders
2. Knowledge of California Administrative Code
3. Knowledge of the State Administrative Code, Titles 8, 17, 19, 22, and 24
4. Knowledge of National Fire Protection Association 101
6. Knowledge of the State Administrative Manual
7. Knowledge of types of heating, electrical, plumbing, water, refrigeration, sewage, and other mechanical systems and equipment
8. Knowledge of operation and maintenance of high pressure steam boilers
9. Knowledge of materials, methods, and tools used in the maintenance of buildings and grounds
10. Knowledge of operation of mechanical refrigeration and air-conditioning systems
11. Knowledge of thermostatic temperature control systems
12. Knowledge of principles of personnel management and supervision
13. Knowledge of a manager's/supervisor's responsibility for promoting equal opportunity in hiring and employee development and promotion, and for maintaining a work environment that is free of discrimination and harassment

Ability to:
1. Ability to read and write English at a level required for successful job performance
2. Ability to direct the work of installing, operating, and maintaining institution heating, electrical, water, sewage, and other mechanical systems
3. Ability to read, interpret, and work from plans, drawings, and specifications
4. Ability to make cost estimates of building repairs, maintenance, and mechanical installations
5. Ability to plan and execute a program of preventive maintenance for buildings and mechanical equipment
6. Ability to plan and direct the work of skilled craftspeople and semiskilled workers
7. Ability to keep accurate records and prepare reports
8. Ability to think and act quickly in emergencies
9. Ability to effectively promote equal opportunity in employment and maintain a work environment that is free of discrimination and harassment

Personal Characteristics:
1. Tact

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 veterans' 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://www.jobs.ca.gov/Public/Jobs/Veterans.aspx and on the Application for Veterans’ Preference form (CalHR 1093). Additional information is also available at the Department of Veterans Affairs website at https://www.calvet.ca.VetServices/Pages/State-Employment.aspx

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 State Personnel Board class specification: Chief of Plant Operation II

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 www.jobs.ca.gov. 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. NOTE: For peace officer classifications please refer to the testing department for special requirements.

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

Exam ID: 7VAAG  CHIEF OF PLANT OPERATION II  BRD: 3/30/2017
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.
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 to fill existing positions statewide.

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
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>1.</td>
<td>4 - More than five years</td>
<td>4 - More than 100 times</td>
<td>☑ Emp A</td>
</tr>
<tr>
<td></td>
<td>3 - More than three years and up to five years</td>
<td>3 - At least 31-100 times</td>
<td>□ Emp B</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td>2 - At least 11-30 times</td>
<td>□ Emp C</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>□ Emp D</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>0 - 0 times</td>
<td>□ Emp__</td>
</tr>
<tr>
<td>2.</td>
<td>Develop Human Resources training curriculum (e.g. classification &amp; pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.</td>
<td></td>
<td>☑ Emp A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑ Emp B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑ Emp C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑ Emp D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑ Emp__</td>
</tr>
</tbody>
</table>
## 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></td>
<td>Employment (Emp)/Education (Edu)</td>
</tr>
<tr>
<td></td>
<td>4 - More than five years</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 - More than three years and up to five years</td>
<td>3</td>
<td>□ Emp A □ Edu A</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td>2</td>
<td>□ Emp B □ Edu B</td>
</tr>
<tr>
<td></td>
<td>1 - More than six months and up to one year</td>
<td>1</td>
<td>□ Emp C □ Edu C</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>0</td>
<td>□ Emp D □ Edu D</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>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>
</tbody>
</table>

Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
**INTENTIONALLY LEFT BLANK**
Chief of Plant Operation II
Qualifications Assessment

Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Chief of Plant Operation II 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 to fill existing positions statewide.

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: ____________________________________

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: _________________________________

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): ________________________________
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

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next 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
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:

Experience: Either:

1. One year of experience performing the duties of a Chief of Plant Operations I or a Chief Engineer II in the California state service; or

2. Two years of experience in the California state service performing the duties of a Chief Engineer I or Supervisor of Building Trades; or

3. Three years of experience performing the duties of a trades supervisor in the California state service; or

4. Two years of experience in charge of plant operation in a plant or facility with a population of at least 1,000 residents and employees and employing a maintenance crew of at least 35 persons, including both stationary engineers and building tradespersons.

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 keep current with the completion of all required training? □ Yes □ No

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 – Chief of Plant Operations II
1227 O STREET, ROOM 404
SACRAMENTO, CA 95814
(916) 653-2535
# 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 1-19, 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.

### ITEM

<table>
<thead>
<tr>
<th><strong>EXPERIENCE / EDUCATION SCALE</strong></th>
<th><strong>FREQUENCY SCALE</strong></th>
<th><strong>VERIFICATION</strong></th>
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<tr>
<td>I have performed this task for:</td>
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<td>Employment (Emp)/Education (Edu)</td>
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<tr>
<td>4 - More than 5 years</td>
<td>4 - Daily</td>
<td>□ Emp A □ Edu A</td>
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<td>3 - More than 3 years and up to 5 years</td>
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<td>1 - 1 year but less than 2 years</td>
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<td>□ Emp D □ Edu D</td>
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<td>0 - Less than 1 year</td>
<td>0 - Have not performed task</td>
<td>□ Emp_</td>
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</tbody>
</table>

1. In a supervisory capacity, plan and supervise the operation, maintenance, and repair of the plumbing, heating, lighting, intercommunicating, water treatment, sewage disposal, air conditioning, ventilating and refrigerating systems and auxiliary equipment including high pressure steam boiler units, gas and oil furnaces, transformers, chlorinators, pumps, compressors, condensers, steam lines, water lines, gas lines, steam traps, meters, recorders, and electronic and fire alarm systems in a facility.

2. Oversee and direct staff in a facility for the facilities’ energy management program.
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<thead>
<tr>
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<th>VERIFICATION Employment (Emp)/Education (Edu)</th>
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<tr>
<td>4.</td>
<td>In a supervisory capacity, assign and inspect the carpentry, masonry, and painting work required in the maintenance and repair of buildings and structures in a facility</td>
<td></td>
<td>□ Emp A □ Edu A □ Emp B □ Edu B □ Emp C □ Edu C □ Emp D □ Edu D □ Emp_</td>
</tr>
<tr>
<td>5.</td>
<td>Supervise the installation, maintenance, and repair of laundry, kitchen, and sewage plant and similar facilities and equipment, the upkeep of walks and roads, and the repair and construction of parts, tools and fixtures in a facility</td>
<td></td>
<td>□ Emp A □ Edu A □ Emp B □ Edu B □ Emp C □ Edu C □ Emp D □ Edu D □ Emp_</td>
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<td>6.</td>
<td>Supervise, plan and direct the work of skilled and semiskilled employees in a facility</td>
<td></td>
<td>□ Emp A □ Edu A □ Emp B □ Edu B □ Emp C □ Edu C □ Emp D □ Edu D □ Emp_</td>
</tr>
<tr>
<td>7.</td>
<td>In a supervisory capacity, oversee and consult with the skilled crafts persons in the various repair shops on work progress and problems</td>
<td></td>
<td>□ Emp A □ Edu A □ Emp B □ Edu B □ Emp C □ Edu C □ Emp D □ Edu D □ Emp_</td>
</tr>
<tr>
<td>8.</td>
<td>Oversee the inspection of equipment and facilities to determine condition and need for repairs and to ensure safety and reliability of equipment</td>
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<td>□ Emp A □ Edu A □ Emp B □ Edu B □ Emp C □ Edu C □ Emp D □ Edu D □ Emp_</td>
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<td>10.</td>
<td>Prepare reports: cost estimates for operation, maintenance and repair work; prepare purchase requisitions for supplies, tools, equipment, and materials</td>
<td>I have performed this task for:</td>
<td></td>
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<tr>
<td>12.</td>
<td>In a supervisory capacity evaluate employee performance; complete probationary reports; complete annual performance appraisals and other documents required of a supervisor; take corrective action as needed</td>
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<tr>
<td>14.</td>
<td>Promote the EEO Program in the hiring process to ensure compliance and maintain a work environment free from harassment and discrimination</td>
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<tr>
<td>15.</td>
<td>Carry out supervisory duties regarding policies and mandates concerning EEO, ADA, and other personnel practices to maintain standards that promote a work place free from discrimination, harassment, retaliation, and unprofessional behavior</td>
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</table>
### Chief of Plant Operation II
### QUALIFICATIONS ASSESSMENT EXAMINATION

Name: _______________________

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<tr>
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<td>5 years</td>
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16. Effectively communicate and understand general instructions (written and verbal) in order to instruct staff and complete assigned tasks in coordination with other supervisors in a safe, productive, effective and professional manner

17. Carry out supervisory responsibilities in the work place with regard to policies and mandates concerning health and safety to promote a safe work environment

18. Maintain the purchasing of material for the Plant Operations Department and oversee facility contracts; approve work completed and approve payments to contractors as needed

19. As a supervisor, maintain accurate records of equipment and operating data in order to ensure compliance with all regulatory agencies requirements.
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 1-32, 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.

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<td>4 - More than five years</td>
<td>Emp A ☐</td>
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<tr>
<td>3 - More than three years and up to five years</td>
<td>Emp B ☐</td>
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<tr>
<td>2 - More than one year and up to three years</td>
<td>Emp C ☐</td>
</tr>
<tr>
<td>1 - More than six months and up to one year</td>
<td>Emp D ☐</td>
</tr>
<tr>
<td>0 - Zero to six months</td>
<td>Emp_ ☐</td>
</tr>
</tbody>
</table>

1. Thorough knowledge of rules, regulations and safety orders governing the installation, maintenance, and repair of heating, electrical, plumbing, water, sewer, and other mechanical systems.

2. Extensive knowledge of California Administrative Code applicable to work site operations, trade-specific tasks, and the maintenance of buildings and grounds.
## Chief of Plant Operation II

### QUALIFICATIONS ASSESSMENT EXAMINATION

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### EXPERIENCE / EDUCATION

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<tr>
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<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>3.</td>
<td>Extensive knowledge of State Administrative Code, Titles 8, 17, 19, 22 and 24 applicable to work site operations, trade-specific tasks, and the maintenance of buildings and grounds.</td>
</tr>
<tr>
<td>4.</td>
<td>Thorough knowledge of National Fire Protection Association 101 applicable to work site operations, trade-specific tasks, and the maintenance of buildings and grounds.</td>
</tr>
<tr>
<td>5.</td>
<td>Extensive knowledge of Uniform Building Code applicable to work site operations, trade-specific tasks, and the maintenance of buildings and grounds.</td>
</tr>
<tr>
<td>6.</td>
<td>Extensive knowledge of the State Administrative Manual as it relates to plant operations at the home.</td>
</tr>
<tr>
<td>7.</td>
<td>Thorough knowledge of various types of heating, electrical, plumbing, water, refrigeration, sewage, and other mechanical systems and equipment in order to accomplish work assignments and to provide direction, information, training, etc.</td>
</tr>
</tbody>
</table>
### EXPERIENCE / EDUCATION SCALE
I have applied this knowledge, skill, and/or ability for:

4 - More than five years  
3 - More than three years and up to five years  
2 - More than one year and up to three years  
1 - More than six months and up to one year  
0 - Zero to six months

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<td>8.</td>
<td>Working knowledge of materials, methods, and tools used in their operation, maintenance, and repair of heating, plumbing, lighting, water treatment, sewage disposal, HVAC, refrigeration systems and auxiliary equipment including high pressure steam boilers, gas and oil furnaces, transformers, chlorinators, pumps, compressors, condensers, steam lines, water lines, gas lines, steam traps, meters, recorders and electronic and fire alarm systems, and other mechanical systems.</td>
<td>Employment (Emp)/Education (Edu)</td>
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<tr>
<td>9.</td>
<td>Working knowledge of the operation of mechanical refrigeration and air-conditioning systems and thermostatic temperature control systems in order to accomplish work assignments and to provide direction/information, training, etc.</td>
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<tr>
<td>10.</td>
<td>Extensive knowledge of principles of personnel management and supervision to develop, apply, and maintain uniform standards, professional conduct, and acceptable work performance of staff while completing work assignments.</td>
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<tr>
<td>11.</td>
<td>Thorough knowledge of processes available to meet Equal Employment Opportunity Program objectives and the supervisor’s responsibility for promoting equal opportunity in hiring, employee development, promotion, and for maintaining a work environment that is free of discrimination and harassment.</td>
<td></td>
</tr>
</tbody>
</table>
### EXPERIENCE / EDUCATION SCALE

I have applied this knowledge, skill, and/or ability for:

- **4** - More than five years
- **3** - More than three years and up to five years
- **2** - More than one year and up to three years
- **1** - More than six months and up to one year
- **0** - Zero to six months

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<td>12.</td>
<td>Working knowledge of heating, ventilating, refrigeration, and air-conditioning systems (HVAC) in order to maintain a preventive maintenance program and repair/replace systems.</td>
<td>Employment (Emp)/Education (Edu)</td>
</tr>
<tr>
<td>13.</td>
<td>Extensive knowledge of proper maintenance of log books/records in regards to preventive maintenance on equipment throughout the facility.</td>
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<td>14.</td>
<td>Thorough knowledge of federal, state and county/city rules and regulations regarding the removal, storage, and disposal of hazardous waste and materials.</td>
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<tr>
<td>15.</td>
<td>Thorough knowledge of reading blueprints/specifications and interpreting plans to ensure that information is accurate and updated for building operations.</td>
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<td>16.</td>
<td>Thorough knowledge of operating a personal computer in order to perform daily supervisory duties (e.g., reports, tracking systems, presentations/training materials, etc.).</td>
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<tr>
<td>17.</td>
<td>Skill to read, interpret, and work from plans, drawings, and specifications to provide project direction or information.</td>
<td></td>
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</tbody>
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EXPERIENCE / EDUCATION SCALE
I have applied this knowledge, skill, and/or ability for:

4 - More than five years
3 - More than three years and up to five years
2 - More than one year and up to three years
1 - More than six months and up to one year
0 - Zero to six months

ITEM | EXPERIENCE / EDUCATION
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18. | Skill to implement and follow a maintenance schedule for mechanical equipment to reduce maintenance costs and maximize the structure/equipment life cycle.
19. | Skill to plan and direct the work of staff (e.g., skilled and semi-skilled workers, etc.) to provide coordinated maintenance services.
20. | Ability to read, write, and understand English at a level required for successful job performance and for completion of assigned tasks.
21. | Ability to direct the work of installing, operating, and maintaining the heating, electrical, water, sewage, and other mechanical systems.
22. | Ability to read, interpret and work from plans, drawings, and specifications.
23. | Ability to make cost estimates of building repairs, maintenance, and mechanical installations.
24. | Ability to plan and execute a program of preventive maintenance for buildings and mechanical equipment.

VERIFICATION
Employment (Emp)/Education (Edu)

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<tr>
<td>18.</td>
<td>Skill to implement and follow a maintenance schedule for mechanical equipment to reduce maintenance costs and maximize the structure/equipment life cycle.</td>
</tr>
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<td>19.</td>
<td>Skill to plan and direct the work of staff (e.g., skilled and semi-skilled workers, etc.) to provide coordinated maintenance services.</td>
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<td>20.</td>
<td>Ability to read, write, and understand English at a level required for successful job performance and for completion of assigned tasks.</td>
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<tr>
<td>21.</td>
<td>Ability to direct the work of installing, operating, and maintaining the heating, electrical, water, sewage, and other mechanical systems.</td>
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<td>22.</td>
<td>Ability to read, interpret and work from plans, drawings, and specifications.</td>
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<tr>
<td>23.</td>
<td>Ability to make cost estimates of building repairs, maintenance, and mechanical installations.</td>
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<tr>
<td>24.</td>
<td>Ability to plan and execute a program of preventive maintenance for buildings and mechanical equipment.</td>
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<td>ITEM</td>
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25. Ability to plan and direct the work of skilled crafts people and semi-skilled workers to efficiently accomplish scheduled assignments.

26. Ability to prepare clear, concise and comprehensive reports in order to provide information, document issues, and maintain accurate records.

27. Ability to think and act quickly in emergency situations and evaluate the most appropriate course of corrective action to minimize disruption to building occupants.

28. Ability of effectively contribute to and promote the Department’s Equal Employment Opportunity Program objectives to ensure compliance and maintain a work environment free from harassment and discrimination.

29. Ability to prioritize work assignments to ensure completion within established timeframes and/or expected deadlines.

30. Ability to recognize and correct unsafe working conditions to ensure the safety of the occupants, workers, and the building.
Name: ________________________________

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<td>□ Emp_ □ Edu_</td>
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31. Ability to operate a personal computer in order to perform daily supervisory duties (e.g., reports, tracking systems, presentation/training materials, etc.).

32. Ability to communicate effectively both orally and in writing in order to exchange information and/or provide direction to staff and others.
Chief of Plant Operation II

Section 4: Conditions of Employment

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
- Permanent – Part Time
- Permanent - Intermittent
- Limited Term – Full Time
- Limited Term – Part Time
- 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
  - 0600 Colusa
  - 0800 Del Norte
  - 1100 Glen
  - 1200 Humboldt
  - 1700 Lake
  - 1800 Lassen
  - 2300 Mendocino
  - 2500 Modoc
  - 2900 Nevada
  - 3100 Placer
  - 3200 Plumas
  - 4500 Shasta
  - 4600 Sierra
  - 4700 Siskiyou
  - 5000 Sutter
  - 5100 Sutter
  - 5200 Tehama
  - 5300 Trinity
  - 5800 Yuba

- **8001 ANYWHERE IN THE CENTRAL REGION** or make Central Region county choices below.
  - 0100 Alameda
  - 0200 Alpine
  - 0300 Amador
  - 0500 Calaveras
  - 0700 Contra Costa
  - 0900 El Dorado
  - 1000 Fresno
  - 2000 Madera
  - 2100 Marin
  - 2200 Mariposa
  - 2400 Merced
  - 2700 Monterey
  - 2800 Napa
  - 3000 Orange
  - 3300 Riverside
  - 3400 Sacramento
  - 3500 San Benito
  - 3600 San Bernardino
  - 3700 San Diego
  - 3800 San Francisco
  - 3900 San Joaquin
  - 4000 San Mateo
  - 4100 San Mateo
  - 4200 Santa Barbara
  - 4300 Santa Clara
  - 4400 Santa Cruz
  - 4500 Santa Cruz
  - 4600 Santa Cruz
  - 4800 Solano
  - 4900 Sonoma
  - 4900 Sonoma
  - 5000 Stanislaus
  - 5000 Stanislaus
  - 5100 Sutter
  - 5200 Tehama
  - 5300 Trinity
  - 5400 San Luis Obispo
  - 5500 Tulare
  - 5600 Ventura
  - 5700 Yolo

- **8011 ANYWHERE IN THE SOUTHERN REGION** or make Southern Region county choices below.
  - 1300 Imperial
  - 1400 Inyo
  - 1500 Kern
  - 1600 Kings
  - 1900 Los Angeles
  - 2600 Mono
  - 3000 Orange
  - 3300 Riverside
  - 3600 San Bernardino
  - 4000 San Luis Obispo
  - 4200 Santa Barbara
  - 4200 Santa Barbara
  - 4300 Santa Clara
  - 4400 Santa Cruz
  - 4500 Santa Cruz
  - 4600 Santa Cruz
  - 4800 Solano
  - 4900 Sonoma
  - 4900 Sonoma
  - 5000 Stanislaus
  - 5100 Sutter
  - 5200 Tehama
  - 5300 Trinity
  - 5400 San Luis Obispo
  - 5500 Tulare
  - 5600 Ventura
  - 5700 Yolo

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.
APPLICATION / EMPLOYMENT APPLICATION

APPLICANT 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 [ ]

APPLICANT'S NAME (Last) [ ] (First) [ ] (M.I.) [ ]

MAILING ADDRESS (Number) [ ] (Street) [ ] E-MAIL ADDRESS [ ]
(City) [ ] (County) [ ] (State) [ ] (Zip Code) [ ] WORK TELEPHONE NUMBER [ ] HOME/CELL 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:
   ____________________________________________________________________ □ Yes □ No

2. Do you need reasonable accommodation to take an interview or written test?
   ____________________________________________________________________ □ Yes □ No

3. Do your religious beliefs prevent you from taking an examination on Saturday?
   ____________________________________________________________________ □ Yes □ No

4. Are you now employed by the State of California? (If "YES", fill in the information below.)
   ____________________________________________________________________ □ Yes □ No
   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? (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"). Refer to the Instructions for further information. If "Yes" to Question #5, give details in the
   Explanations section.
   ____________________________________________________________________ □ Yes □ No

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

7. I certify I can type at a speed of ____________ words per minute. (For typing applicants only.)
   ____________________________________________________________________ □ Yes □ No

(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)

8. Do you meet the minimum and/or maximum age requirements?
   ____________________________________________________________________ □ Yes □ No

9. Do you possess a valid California Driver License? (If "YES", fill in the information below.)
   ____________________________________________________________________ □ Yes □ No
   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

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<thead>
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FOR PERSONNEL USE ONLY

STATUS
□ Accepted □ REJECTED WC

EXPERIENCE

LICENSE REQUIREMENT

EDUCATION
OTHER

STAFF
DATE PROCESSED
**EXAMINATION / EMPLOYMENT APPLICATION**

**STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES**

**STD. 478 (REV. 10/2013) Page 2**

**APPLICANT'S NAME (Last) (First) (M.I.) EASY ID**

---

**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>
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<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>
<th>DATE COMPLETED</th>
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**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>
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</table>

**EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.**

- **FROM (MM/DD/YYYY) TO (MM/DD/YYYY)**
  - 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**

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<table>
<thead>
<tr>
<th>FROM (MM/DD/YYYY) TO (MM/DD/YYYY)</th>
<th>TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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- **REASON FOR LEAVING**

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<th>FROM (MM/DD/YYYY) TO (MM/DD/YYYY)</th>
<th>TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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</table>

- **HOURS PER WEEK**
  - TOTAL WORKED (Years/Months)
  - COMPANY/STATE AGENCY NAME
  - SUPERVISOR PHONE NUMBER

- **SALARY EARNED**
  - PER
  - ADDRESS

- **DUTIES PERFORMED**

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<table>
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<th>REASON FOR LEAVING</th>
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## Employment History (Continued)

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<th>FROM (M/D/Y)</th>
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<th>JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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<tbody>
<tr>
<td>HOURS PER WEEK</td>
<td>TOTAL WORKED (Years/Months)</td>
<td>COMPANY/STATE AGENCY NAME</td>
<td>SUPERVISOR PHONE NUMBER</td>
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<tr>
<td>SALARY EARNED</td>
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### Duties Performed

### Reason for Leaving

<table>
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<tr>
<th>FROM (M/D/Y)</th>
<th>TO (M/D/Y)</th>
<th>JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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<tr>
<td>HOURS PER WEEK</td>
<td>TOTAL WORKED (Years/Months)</td>
<td>COMPANY/STATE AGENCY NAME</td>
<td>SUPERVISOR PHONE NUMBER</td>
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### Duties Performed

### Reason for Leaving
<table>
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<th>EMPLOYMENT HISTORY (Continued)</th>
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<tr>
<td>FROM (M/D/Y)</td>
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<tr>
<td>HOURS PER WEEK</td>
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<tr>
<td>SALARY EARNED</td>
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</table>

**DUTIES PERFORMED**

**REASON FOR LEAVING**

| FROM (M/D/Y) | TO (M/D/Y) | JOB TITLE/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 (M/D/Y) | TO (M/D/Y) | JOB TITLE/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**
EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)

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>
<tr>
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<tr>
<td></td>
<td></td>
<td>Male</td>
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<tr>
<td></td>
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<td>Female</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASIAN GROUP</th>
<th>HISPANIC GROUP</th>
<th>PACIFIC ISLANDER GROUP</th>
<th>OTHER GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian (a)</td>
<td>Cuban (c)</td>
<td>Guamanian or Chamorro (e)</td>
<td>Aleut (c)</td>
</tr>
<tr>
<td>Cambodian (c)</td>
<td>Mexican/Mexican American (a)</td>
<td>Hawaiian (p)</td>
<td>American Indian/Native American (c)</td>
</tr>
<tr>
<td>Chinese (a)</td>
<td>Puerto Rican (p)</td>
<td>Samoan (p)</td>
<td>Black/African American (p)</td>
</tr>
<tr>
<td>Filipino (c)</td>
<td>Other Hispanic/Latino Groups (c)</td>
<td>Other Pacific Islander Group (p)</td>
<td>Eskimo (p)</td>
</tr>
<tr>
<td>Japanese (p)</td>
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<tr>
<td>Other Asian Group (c)</td>
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☐ DISABILITY (c) — 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 typewriter or 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 - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your social security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

Social Security Number - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 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 points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

Home/VRS/TTY Number - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination Title/Job Title - 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., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy 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. Explain any “Yes” answers in the Explanations section. Include the facts in brief, the grounds for 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;
- 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, however, 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.

Questions 8 and 9 - These questions should be answered only if the examination bulletin indicates (a) 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.

Signature - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

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, attach additional sheet(s).

Licenses - If the examination bulletin calls for 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.

Experience - You must include a complete list of your paid and/or volunteer work experience which relates to the qualification requirements specified on the 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 10 years ago if they relate directly 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.

Examinations Granting Veteran’s Preference Points - If you have not previously applied for and been approved Veteran’s Points, you must apply for the points by completing and submitting the Application for Veteran’s Preference Form SPB-1093 to 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, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the California Department of Human Resources’s web site at www.calhr.ca.gov.