Food Manager

Examination Announcement

Open Examination for the Following Location(s): Veterans Home of California –

Barstow, Chula Vista, Fresno, Redding, Ventura, and West Los Angeles

Final Filing Date: Continuous Filing

Salary: $4,420.00 - $6,099.00

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 veterans 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 .

The Qualifications Assessment for **Food Manager** 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: Food Manager
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.

The Qualifications Assessment for Food Manager and the Standard State Application (STD 678) are included in this examination bulletin package. Please ensure that all attached documents are completed in their entirety before submitting to the address listed above.

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

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 in the California state service performing the duties of a Supervising Cook II.

Or II

Two years in the California state service performing the duties of a Supervising Cook I.

Or III

Three years of experience in the management of one or more large kitchens with responsibility for supervision of food service personnel and for the planning, preparation, and serving of meals for at least 300 persons per meal. (Additional education may be substituted for not more than two years of the required experience on the basis of two years of college being equal to one year of experience. Such education should preferably have included major work in hotel, restaurant, or institutional management, food and nutrition programs, or business administration.)

POSITION DESCRIPTION

Under general direction, to plan, direct, and coordinate all food service activities of a small-to medium-size food service program excluding correctional institution programs and dietary services of State facilities; 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 at the Veterans Homes in Barstow, Chula Vista, Fresno, Redding, West Los Angeles, and/or Yountville.

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.

SPECIAL PERSONAL CHARACTERISTICS

Willingness to work evenings, weekends, or unusual shifts.

KNOWLEDGE & ABILITIES

Knowledge of:

1. Principles, procedures, and equipment used in the storage, care, ordering, preparation, cooking (including baking), dispensing, and serving of food in large quantities
2. Food handling, sanitation, and the sanitation and safety measures used in the operation, cleaning, and care of utensils, equipment, and work areas
3. Effective personnel management practices and planning, organizing, and directing the work of others
4. Food budgeting, accounting, inventory and requisition techniques
5. Training methods
6. Effective floor plan layouts for working areas
7. Specifications for culinary equipment
8. Department's Equal Employment Opportunity Program objectives.
9. A manager's role in the Equal Employment Opportunity Program and the processes available to meet Employment Opportunity Program objectives.

Ability to:

1. Communicate in English at a level required for successful job performance
2. Plan, organize, and direct the work of others
3. Adjust food supplies to meet changing needs
4. Keep inventories and make requisitions
5. Plan and conduct in-service training programs
6. Analyze situations accurately and adopt an effective course of action
7. Keep records and prepare reports
8. Effectively contribute to the department's Equal Employment Opportunity Program objective

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 www.jobs.ca.gov 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 State Personnel Board class specification:
http://jobs.spb.ca.gov/wvpos/jobspecs.cfm

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 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

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

QUALIFICATIONS ASSESSMENT FOR
FOOD MANAGER

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for FOOD MANAGER with the California Department of Veterans Affairs (CalVet). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by California Department of Veterans Affairs (CalVet) to fill existing vacancies at the Veterans Homes of California in Barstow, Chula Vista, Fresno, Redding, Ventura, and Yountville. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is required that you personally complete this examination accurately and without assistance.

You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may result in disqualification or a lower score from this examination.

THIS AFFIRMATION MUST BE COMPLETED.

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____ **DATE:** _____

NAME (PRINTED): _____ **SOCIAL SECURITY NUMBER:** _____

HOME PHONE NUMBER: _____ **WORK PHONE NUMBER:** _____

YOUR COMPLETED **STANDARD STATE APPLICATION (STD. FORM 678)** AND COMPLETED **QUALIFICATIONS ASSESSMENT** MUST INCLUDE YOUR ORIGINAL SIGNATURE. BOTH DOCUMENTS WILL BE ACCEPTED ON A CONTINUOUS TESTING BASIS. THEY MAY BE MAILED OR FILED IN PERSON TO THE FOLLOWING LOCATION:

California Department of Veterans Affairs
1227 O Street, Room 404
Sacramento, CA 95814
Attn: FOOD MANAGER Exam

NOTE:

- Candidates whose Qualifications Assessment is postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) OR email applications will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the CA Department of Human Resources' website at **http://jobs.ca.gov/Profile/StateApplication.**

GENERAL INSTRUCTIONS

Read and follow instructions carefully.

This process is the entire examination for the FOOD MANAGER classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination**.

1. Additional instructions are provided on the following pages.

2. If successful, your name will be placed on separate eligible list for the classification listed above.

3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for **Food Manager.** You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Minimum Qualifications (page 4)
- Job Requirements (page 5)
- Work Experience – Food Manager (pages 6-10)
- Knowledge Assessment – Food Manager (pages11-12)

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

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**

CONDITIONS OF EMPLOYMENT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

LOCATION(S) YOU ARE WILLING TO WORK

Please choose the location(s) you are willing to work. You may choose more than one location; however, if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are far from your residence.

☐ **(3601) Barstow** ☐ **(4504) Redding**

☐ **(3702) Chula Vista** ☐ **(5609) Ventura**

☐ **(1005) Fresno** ☐ **(2804) Yountville**

☐ **(1975) West Los Angeles** ☐ **(1938) Lancaster**

TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT

Please choose the type(s) of appointment you are willing to accept. You may check one or more items.
Check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time** ☐ **(K) Limited-Term Full-Time** ☐ **(A) Any**

☐ **(V) Permanent Part-Time** ☐ **(W) Limited-Term Part-Time**

☐ **(T) Permanent Intermittent** ☐ **(X) Limited-Term Intermittent**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

MINIMUM QUALIFICATIONS

Either I

One year in the California state service performing the duties of a Supervising Cook II.

Or II

Two years in the California state service performing the duties of a Supervising Cook I.

Or III

Three years of experience in the management of one or more large kitchens with responsibility for supervision of food service personnel and for the planning, preparation, and serving of meals for at least 300 persons per meal. (Additional education may be substituted for not more than two years of the required experience on the basis of two years of college being equal to one year of experience. Such education should preferably have included major work in hotel, restaurant, or institutional management, food and nutrition programs, or business administration.)

1. Do you have at least three years of experience in the management of one or more large kitchens with responsibility for supervision of food service personnel and for the planning, preparation, and serving of meals for at least 300 persons per meal? 2. If yes on item #1, complete the following: Dates (m-d-y): _____ to _____ Name of hotel, restaurant, or institution: _____ Address of hotel, restaurant, or institution: _____ _____ Number of large kitchens managed:: _____ Number of food service personnel supervised: _____ Number of persons served per meal: _____ Supervisor's Name: _____ Phone no. _____	☐ Yes ☐ No

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by checking 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 policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	☐ Yes ☐ No
2. Are you willing to undergo annual health review including TB testing?	☐ Yes ☐ No
3. Are you willing to keep current with the completion of all required training?	☐ Yes ☐ No
4. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	☐ Yes ☐ No
5. Are you willing to work evenings, weekends, holidays, unusual shifts, and as needed?	☐ Yes ☐ No

SECTION I
WORK EXPERIENCE – FOOD MANAGER

INSTRUCTIONS: To respond appropriately to items 1 - 14, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under "Level of Experience" **AND** one box for each item under "Frequency".)

LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

FREQUENCY: Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

NOTE: There should be a total of TWO check marks for each item. ONE check mark for "Level of Experience" and ONE check mark for "Frequency."

ITEMS:	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed less than 1 year	Performed 1 year to less than 2 years	Performed 2 years to less than 3 years	Performed 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
1. Plan, direct, and coordinate all food service activities in a facility	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Develop, interpret and apply procedures (e.g. Facility Food Service Operation Manual, California Retail Food Code, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Manage food service staff in food service areas	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Develop, train and monitor food service staff in the preparation, cooking, and dispensing of food	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Monitor food, supplies, and equipment	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Evaluate and/or review the performance of food service staff	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Initiate the Progressive Discipline process	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Manage and monitor the food service staff in the preparation, cooking and distribution of food for various dining facilities	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Manage and monitor the food service staff in cleaning and sanitizing cooking utensils, equipment, and work areas	☐	☐	☐	☐	☐	☐	☐	☐	☐
10. Monitor all food service and scheduled safety and sanitation inspections	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. Monitor accidents of staff and report to the Health and Safety Officer all accidents or injuries	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. Monitor the maintenance of culinary equipment (e.g., sinks, steam kettles, serving lines, dishwashers, etc.) in all food service work areas	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. Develop and monitor safe food handling practices (e.g., proper hand washing, time/temperature, label/date, cross contamination, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. Manage and monitor the requisition of food, supplies and equipment from the institutional warehouse in a timely manner and in the proper quantities	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION I
WORK EXPERIENCE – FOOD MANAGER (CONTINUATION)

INSTRUCTIONS: To respond appropriately to items 15 - 25, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under "Level of Experience" **AND** one box for each item under "Frequency".)

LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

FREQUENCY: Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

NOTE: There should be a total of TWO check marks for each item. ONE check mark for "Level of Experience" and ONE check mark for "Frequency."

ITEMS:	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed less than 1 year	Performed 1 year to less than 2 years	Performed 2 years to less than 3 years	Performed 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
15. Manage and monitor the ordering of food, equipment and supplies from private vendors, state agencies, and USDA in a timely manner	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. Manage and monitor the receiving, inspecting and storing of food, equipment and supplies	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. Manage and monitor the inventory of various supplies (e.g., food, chemicals, cleaning supplies, paper products, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. Develop menu/recipe substitutions	☐	☐	☐	☐	☐	☐	☐	☐	☐
19. Plan menus for special holidays and other situations not covered by the standardized menu	☐	☐	☐	☐	☐	☐	☐	☐	☐
20. Review written documents and reports (e.g., employee work schedules, safety and sanitation inspection reports, performance reports, accident/injury reports, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. Submit reports (e.g. Monthly Record of Meals Served Report, Monthly Inventory Report, Quarterly Food Report, etc.) to management	☐	☐	☐	☐	☐	☐	☐	☐	☐
22. Monitor staff in order to ensure personal hygiene standards and dress code (e.g., grooming, cleanliness, etc.) have been met	☐	☐	☐	☐	☐	☐	☐	☐	☐
23. Maintain security of work areas, equipment and supplies (i.e. computers, copy machines, telephones, paperwork, files)	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. Develop training for staff in the cleaning and sanitizing of cooking utensils, equipment, and ensuring work areas are sanitary and orderly, etc.	☐	☐	☐	☐	☐	☐	☐	☐	☐
25. Implement the training of staff in the cleaning and sanitizing of cooking utensils, equipment, and work areas sanitary and orderly, etc.	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION I
WORK EXPERIENCE – FOOD MANAGER (CONTINUATION)

INSTRUCTIONS: To respond appropriately to items 26 - 38, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under "Level of Experience" **AND** one box for each item under "Frequency".)

LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

FREQUENCY: Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

NOTE: There should be a total of TWO check marks for each item. ONE check mark for "Level of Experience" and ONE check mark for "Frequency."

ITEMS:	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed less than 1 year	Performed 1 year to less than 2 years	Performed 2 years to less than 3 years	Performed 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
26. Monitor the training of staff in the cleaning and sanitizing of cooking utensils, equipment, and work areas sanitary and orderly, etc.	☐	☐	☐	☐	☐	☐	☐	☐	☐
27. Develop the training of staff in the prevention of accidents and injuries in the food service department	☐	☐	☐	☐	☐	☐	☐	☐	☐
28. Train, supervise, and monitor staff in the training of others in the implementation of safe food handling practices (e.g., proper hand washing, time/temperature, label/date, cross contamination, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
29. Train and monitor staff in the proper completion of required paperwork (e.g., timecards, evaluations, discipline reports, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
30. Manage staff in the serving of food to residents and staff	☐	☐	☐	☐	☐	☐	☐	☐	☐
31. Monitor staff in the preparation of materials for recycling (e.g., cans, plastic bottles, cardboard, grease, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
32. Recruit and hire staff in the food service department	☐	☐	☐	☐	☐	☐	☐	☐	☐
33. Manage staff in the disposal of kitchen waste	☐	☐	☐	☐	☐	☐	☐	☐	☐
34. Monitor, review, and communicate with staff members to ensure conflicts are properly resolved	☐	☐	☐	☐	☐	☐	☐	☐	☐
35. Review and monitor the staff progressive discipline process performed by food service staff	☐	☐	☐	☐	☐	☐	☐	☐	☐
36. Communicate with various facility personnel (e.g., supervisors, etc.) to ensure an accurate exchange of information	☐	☐	☐	☐	☐	☐	☐	☐	☐
37. Conduct staff meetings	☐	☐	☐	☐	☐	☐	☐	☐	☐
38. Review all formal/informal training received by staff	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION I
WORK EXPERIENCE – FOOD MANAGER (CONTINUATION)

INSTRUCTIONS: To respond appropriately to items 39 - 54, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under "Level of Experience" **AND** one box for each item under "Frequency".)

LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

FREQUENCY: Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

NOTE: There should be a total of TWO check marks for each item. ONE check mark for "Level of Experience" and ONE check mark for "Frequency."

ITEMS:	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed less than 1 year	Performed 1 year to less than 2 years	Performed 2 years to less than 3 years	Performed 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
39. Manage work schedules for various shifts and relief	☐	☐	☐	☐	☐	☐	☐	☐	☐
40. Manage staff to accommodate vacancies that occur due to sick leave, vacations, mandated training, etc.	☐	☐	☐	☐	☐	☐	☐	☐	☐
41. Manage meal production in multiple kitchens	☐	☐	☐	☐	☐	☐	☐	☐	☐
42. Monitor and document special diet requirements (medical and religious)	☐	☐	☐	☐	☐	☐	☐	☐	☐
43. Manage food portion control	☐	☐	☐	☐	☐	☐	☐	☐	☐
44. Manage proper food presentation	☐	☐	☐	☐	☐	☐	☐	☐	☐
45. Ensure health and safety guidelines (HACCP) are followed	☐	☐	☐	☐	☐	☐	☐	☐	☐
46. Calculate amount of food to purchase based on resident/staff population	☐	☐	☐	☐	☐	☐	☐	☐	☐
47. Write justifications for replacement of food service equipment	☐	☐	☐	☐	☐	☐	☐	☐	☐
48. Develop new employee orientation	☐	☐	☐	☐	☐	☐	☐	☐	☐
49. Conduct the post and bid process for shift assignments	☐	☐	☐	☐	☐	☐	☐	☐	☐
50. Audit food temperature logs	☐	☐	☐	☐	☐	☐	☐	☐	☐
51. Review staff vacation schedules	☐	☐	☐	☐	☐	☐	☐	☐	☐
52. Develop a budget for food and non-food items	☐	☐	☐	☐	☐	☐	☐	☐	☐
53. Track overtime hours within the food service department	☐	☐	☐	☐	☐	☐	☐	☐	☐
54. Attend training classes as mandated by the department for managers and supervisors (e.g., sexual harassment, use of force, equal employment opportunity, blood borne pathogens, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION I
WORK EXPERIENCE – FOOD MANAGER (CONTINUATION)

INSTRUCTIONS: To respond appropriately to items 55 - 59, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under "Level of Experience" **AND** one box for each item under "Frequency".)

LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. **There should be 1 check mark for each item.**

FREQUENCY: Check the appropriate box that best describes how often you performed each item. **There should be 1 check mark for each item.**

NOTE: There should be a total of TWO check marks for each item. ONE check mark for "Level of Experience" and ONE check mark for "Frequency."

ITEMS:	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed less than 1 year	Performed 1 year to less than 2 years	Performed 2 years to less than 3 years	Performed 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
55. Attend and participate in meetings	☐	☐	☐	☐	☐	☐	☐	☐	☐
56. Participate in conferences and special assignments	☐	☐	☐	☐	☐	☐	☐	☐	☐
57. Supervise office staff responsible for clerical and technical support of the food service department	☐	☐	☐	☐	☐	☐	☐	☐	☐
58. Carry out supervisor responsibilities in the work place with regard to policies and mandates concerning Equal Employment Opportunity, American Disability Act, and other personnel practices	☐	☐	☐	☐	☐	☐	☐	☐	☐
59. Promote the department's Equal Employment Opportunity Program in the hiring process	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION II
KNOWLEDGE ASSESSMENT – FOOD MANAGER

For items 1 - 19, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.

Definition of Levels:

Extensive Knowledge: I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.

Moderate Knowledge: I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to the job.

Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.

No Knowledge: I possess no knowledge and I have not applied it to the job.

ITEMS:	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
1. Principles, used in the storage, care, ordering, preparation, cooking (including baking), dispensing, and serving of food in large quantities	☐	☐	☐	☐
2. Procedures used in the storage, care, ordering, preparation, cooking (including baking), dispensing, and serving of food in large quantities	☐	☐	☐	☐
3. Equipment used in the storage, care, ordering, preparation, cooking (including baking), dispensing, and serving of food in large quantities	☐	☐	☐	☐
4. Food handling and sanitation	☐	☐	☐	☐
5. Sanitation and safety measures used in the operation, cleaning, and care of utensils, equipment, and work areas	☐	☐	☐	☐
6. Proper food handling procedures according to the California Retail Food Code	☐	☐	☐	☐
7. Effective personnel management practices (e.g., recruitment, supervision, staff development, progressive discipline, Worker's Compensation, etc.)	☐	☐	☐	☐
8. Planning, organizing, and directing the work of staff and others	☐	☐	☐	☐
9. Food budgeting and accounting	☐	☐	☐	☐
10. Inventory techniques	☐	☐	☐	☐
11. Requisition techniques	☐	☐	☐	☐
12. Various methods for purchasing food, supplies, and equipment	☐	☐	☐	☐
13. Principles of career development and training methods	☐	☐	☐	☐
14. Effective floor plan layouts for working areas	☐	☐	☐	☐
15. Specifications for culinary equipment	☐	☐	☐	☐
16. Department's Equal Employment Opportunity program objectives	☐	☐	☐	☐
17. Manager's role in the Equal Employment Opportunity Program and the processes available to meet equal employment objectives	☐	☐	☐	☐
18. Methods used to train employees and residents	☐	☐	☐	☐
19. Administrative activities to manage, plan, direct, and coordinate the food service department	☐	☐	☐	☐

SECTION II
KNOWLEDGE ASSESSMENT – FOOD MANAGER (CONTINUATION)

For items 20 - 22, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.

Definition of Levels:

Extensive Knowledge: I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.

Moderate Knowledge: I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to the job.

Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.

No Knowledge: I possess no knowledge and I have not applied it to the job.

ITEMS:	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
20. Operating a personal computer	☐	☐	☐	☐
21. State laws, departmental rules and regulations regarding food services	☐	☐	☐	☐
22. Menu planning	☐	☐	☐	☐

THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR FOOD MANAGER.

Please refer to page one for mailing instructions.

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

EXAMINATION / EMPLOYMENT APPLICATION

STD. 678 (REV. 10/2013) Page 1

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

PRINT OR TYPE--PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT 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? ☐ **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.)

(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

Classes	01	02	03	04	05	06			
WC for Series/Levels									
RC/Flag for Series/Levels									

Flags ___ ___ ___ ___ ___ ___ ___

WC ___

CODES ☐ ☐ ☐ ☐ ☐

FOR PERSONNEL USE ONLY	
STATUS ☐ Accepted	☐ REJECTED WC
EXPERIENCE	LICENSE REQUIREMENT
EDUCATION	OTHER
STAFF	DATE PROCESSED

EXAMINATION / EMPLOYMENT APPLICATION

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

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

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.)

LICENSE / CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

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)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

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

EMPLOYMENT HISTORY *(Continued)*

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			
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			

EXAMINATION / EMPLOYMENT APPLICATION

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

EMPLOYMENT HISTORY *(Continued)*

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			
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			

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.

SOCIAL SECURITY NUMBER	AGE	GENDER
	☐ Under 21 (1) ☐ 21 - 39 (3) ☐ 40-69 (6) ☐ 70 and Over (7)	☐ Male ☐ Female

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

ASIAN GROUP	HISPANIC GROUP	PACIFIC ISLANDER GROUP	OTHER GROUPS
☐ Asian Indian (M)	☐ Cuban (C)	☐ Guamanian or Chamorro (R)	☐ Aleut (O)
☐ Cambodian (U)	☐ Mexican/Mexican American (A)	☐ Hawaiian (P)	☐ American Indian/Native American (H)
☐ Chinese (J)	☐ Puerto Rican (B)	☐ Samoan (Q)	☐ Black/African American (F)
☐ Filipino (G)	☐ Other Hispanic/Latino Groups (D)	☐ Other Pacific Islander Group (T)	☐ Eskimo (N)
☐ Japanese (I)			☐ White (E)
☐ Korean (K)			☐ Other Racial Group (X)
☐ Laotian (V)			☐ Choose not to Identify (Z)
☐ Vietnamese (L)			
☐ Other Asian Group (S)			

☐ 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

EXAMINATION / EMPLOYMENT APPLICATION

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; 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, 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 ten 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.**

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!