



**FOOD SERVICE TECHNICIAN II
Supplemental Application Examination**

Please read and follow these instructions carefully.

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for *Food Service Technician II*, 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, Lancaster, Redding, Ventura, Yountville and West Los Angeles**. 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 Supplemental Application. Candidates who fail to follow the instructions may be disqualified or receive 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 SERVICE TECHNICIAN II Exam

NOTE:

- Candidates whose Supplemental Application 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) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Supplemental Application for your records.
- The STD. Form 678 may be downloaded from the California Department of Human Resources (CalHR) website at <http://jobs.ca.gov/Profile/StateApplication>.

GENERAL INSTRUCTIONS

Read and follow instructions carefully.

This process is the entire examination for the *FOOD SERVICE TECHNICIAN II* 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 a 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 Service Technician II. 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 4)
- Work Experience – Food Service Technician II (pages 5-8)
- Knowledge Assessment –Food Service Technician II (page 9)

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?

<input type="checkbox"/>	YES
<input type="checkbox"/>	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.

- | | |
|--|--|
| <input type="checkbox"/> (3705) Barstow | <input type="checkbox"/> (1005) Fresno |
| <input type="checkbox"/> (3702) Chula Vista | <input type="checkbox"/> (1938) Lancaster |
| <input type="checkbox"/> (5609) Ventura | <input type="checkbox"/> (4504) Redding |
| <input type="checkbox"/> (1975) West Los Angeles | <input type="checkbox"/> (2804) Yountville |

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.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (A) Any |
| <input type="checkbox"/> (V) Permanent Part-Time | <input type="checkbox"/> (W) Limited-Term Part-Time | |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (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 of experience performing the duties of a Food Service Technician I in the California state service.

OR II: Two years of experience in the distribution and service of foods in large quantity. This experience must have included the cleaning and maintaining of equipment and work areas.

Special Personal Requirements: Sympathetic understanding of and willingness to work with the resident population of a Veterans Home; personal cleanliness; and freedom from communicable diseases.

JOB REQUIREMENTS

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

1. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to undergo annual health review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to undergo annual TB testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I
WORK EXPERIENCE – FOOD SERVICE TECHNICIAN II**

INSTRUCTIONS: To respond appropriately to items “1 through 27”, 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”).

<p>LEVEL OF EXPERIENCE: Mark the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>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.”</p> <p>ITEMS:</p>	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed task for less than 6 months.	Performed task for 6 months but less than 1 year.	Performed task for 1 year but less than 2 years.	Performed task for 2 years or more.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
1. Lead and/or assist in placing food items (e.g., bread, fruit, hot food, salad toppings) at their designated serving stations for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lead and/or assist with loading/unloading meal delivery carts to transport food items to an area outside the main kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lead and/or assist with rinsing tableware (e.g., dishes, utensils, cups) pots and pans prior to washing in commercial dishwashing machine and/or 3 compartment sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lead and/or assist with washing and preparing (e.g., peel, chop, slice) fruits and vegetables in preparation for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lead and/or assist with reviewing menu to determine the accompanying food item(s) (e.g., lemons, sauces, salsa, and sour cream) that are required for each meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ensure that all adaptive feeding equipment (e.g., angled and/or weighted spoons or forks, sippy cups, mugs with handles) is available for each meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lead and/or assist in placing hot food items and meals in hot steam tables and/or heating units/thermal pellets to keep food properly heated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION I
WORK EXPERIENCE – FOOD SERVICE TECHNICIAN II

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	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed task for less than 6 months.	Performed task for 6 months but less than 1 year.	Performed task for 1 year but less than 2 years.	Performed task for 2 years or more.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Mark the appropriate box that best describes your level of experience for each item. <u>There should be 1 check mark for each item.</u></p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. <u>There should be 1 check mark for each item.</u></p> <p>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.”</p> <p>ITEMS:</p>									
8. Lead and/or assist with preparing and closing the dining room or cafeteria during operational hours (e.g., lock/unlock doors, lock/unlock the freezer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lead and/or assist in placing a designated serving utensil (e.g., spoon, ladle, fork, and tongs) with the food item.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lead and/or assist with setting up tray line stations in accordance with production sheets for nourishment needs, higher levels of care and therapeutic menus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lead and/or assist in taking the requested order of drink, soup, salad, entrée and dessert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lead and/or supervise and assist with inspecting and filling hot/cold beverage equipment (e.g., cocoa machine, coffee urns, and milk, tea, juice and soda dispensers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Participate in training classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicate and maintain cooperative and professional working relationships with peers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assist in preparing and reviewing written documents and reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lead and/or assist in preparing the dining hall or cafeteria (e.g., set up trays, dishes, silverware, napkins, salt & pepper, condiments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I
WORK EXPERIENCE –FOOD SERVICE TECHNICIAN II**

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	LEVEL OF EXPERIENCE						FREQUENCY			
	Not performed	Performed task for less than 6 months.	Performed task for 6 months but less than 1 year.	Performed task for 1 year but less than 2 years.	Performed task for 2 years or more.		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Mark the appropriate box that best describes your level of experience for each item. <u>There should be 1 check mark for each item.</u></p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. <u>There should be 1 check mark for each item.</u></p> <p>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.”</p> <p>ITEMS:</p>										
17. Lead and/or assist in inspecting and cleaning commercial kitchen equipment (e.g., slicers, mixers, ovens, deep fat fryers, dishwashers, food processors, tray line accumulator).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Lead and/or assist in keeping food service and dining area clean and sanitary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Lead and/or assist in identifying and organizing all food items using appropriate storage containers and safe food handling procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Lead and/or supervise in labeling, dating, and rotating first in/first out of all food items following safety codes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Check and maintain food temperatures are within safe food temperature zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Abide by kitchen safe work practices (e.g., hand washing, food handling, lifting, use of Material Safety Data Sheet (MSDS), etc.) for personal safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Lead and/or assist in preparing and taking inventory of salad bar items (e.g., dressing, produce, condiments, etc.) for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Provide input for the performance of food service staff to ensure performance standards are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Requisition and monitor food, supplies and equipment from the facility warehouse in a timely manner and in proper quantities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I
 WORK EXPERIENCE –FOOD SERVICE TECHNICIAN II**

INSTRUCTIONS: To respond appropriately to items “1 through 27”, 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						FREQUENCY			
	Not performed	Performed task for less than 6 months.	Performed task for 6 months but less than 1 year.	Performed task for 1 year but less than 2 years.	Performed task for 2 years or more.		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Mark the appropriate box that best describes your level of experience for each item. <u>There should be 1 check mark for each item.</u></p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. <u>There should be 1 check mark for each item.</u></p> <p>NOTE: There should be a total of <u>TWO</u> check marks for each item. <u>ONE</u> check mark for “Level of Experience” and <u>ONE</u> check mark for “Frequency.”</p> <p>ITEMS:</p>										
26. Train, lead, and/or supervise staff in the prevention of accidents and injuries in the food service area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Monitor staff in the proper disposal of kitchen waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II
KNOWLEDGE ASSESSMENT – FOOD SERVICE TECHNICIAN II

	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
<p>INSTRUCTIONS: For each item listed below in rows “1 through 17”, place ONE check mark in the <i>Level of Knowledge</i> column which best describes your level of knowledge.</p> <p>Definition of Levels:</p> <p>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.</p> <p>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 a resident.</p> <p>Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p>No Knowledge: I possess no knowledge and I have not applied it to a resident.</p> <p>ITEMS:</p>				
1. Methods of cutting, measuring and preparing food products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kitchen sanitation and safety procedures used in the operation, cleaning, and care of utensils, equipment and work areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately follow written food tickets and serve appropriate food portions of special diets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Serve balanced meals using safe food practices and portion control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Setting up and cleanup of dining room and/or cafeteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safe usage of chemicals and cleaning supplies used to clean and sanitize surfaces and/or floors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General pantry work using first in/first out procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Safely use, clean and sanitize appropriate food service equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safe food and chemical handling procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Principles and procedures used in the storage, care, preparation, and dispensing of food items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Follow verbal and written directions and communicate effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food service utensils (e.g., ladles, scoops, spatulas, tongs, knives, strainers) and their uses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cooperatively working with others in order to complete work in reasonable timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Proper food temperature zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Proper disposal and removal of expired foods and refuse in the proper containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Keep accurate records and reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Principles of effective supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR
FOOD SERVICE TECHNICIAN II.**

Please refer to page one for mailing instructions.

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)				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.)			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
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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 _____
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APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

Classes	01	02	03	04	05	06						Flags _____ WC _____	FOR PERSONNEL USE ONLY		
WC for Series/Levels											STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> REJECTED WC		EXPERIENCE	LICENSE REQUIREMENT	
RC/Flag for Series/Levels													EDUCATION	OTHER	
CODES															STAFF DATE PROCESSED

EXAMINATION / EMPLOYMENT APPLICATION

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

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED
 Yes No Yes No

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

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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				

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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				

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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 <input type="checkbox"/> Under 21 ⁽¹⁾ <input type="checkbox"/> 21 - 39 ⁽³⁾ <input type="checkbox"/> 40-69 ⁽⁶⁾ <input type="checkbox"/> 70 and Over ⁽⁷⁾	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE.

ASIAN GROUP

HISPANIC GROUP

PACIFIC ISLANDER GROUP

OTHER GROUPS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asian Indian ^(K) | <input type="checkbox"/> Cuban ^(C) | <input type="checkbox"/> Guamanian or Chamorro ^(G) | <input type="checkbox"/> Aleut ^(D) |
| <input type="checkbox"/> Cambodian ^(U) | <input type="checkbox"/> Mexican/Mexican American ^(A) | <input type="checkbox"/> Hawaiian ^(P) | <input type="checkbox"/> American Indian/Native American ^(H) |
| <input type="checkbox"/> Chinese ^(J) | <input type="checkbox"/> Puerto Rican ^(B) | <input type="checkbox"/> Samoan ^(Q) | <input type="checkbox"/> Black/African American ^(F) |
| <input type="checkbox"/> Filipino ^(G) | <input type="checkbox"/> Other Hispanic/Latino Groups ^(D) | <input type="checkbox"/> Other Pacific Islander Group ^(T) | <input type="checkbox"/> Eskimo ^(N) |
| <input type="checkbox"/> Japanese ^(I) | | | <input type="checkbox"/> White ^(E) |
| <input type="checkbox"/> Korean ^(K) | | | <input type="checkbox"/> Other Racial Group ^(X) |
| <input type="checkbox"/> Laotian ^(V) | | | <input type="checkbox"/> Choose not to Identify ^(Z) |
| <input type="checkbox"/> Vietnamese ^(L) | | | |
| <input type="checkbox"/> 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

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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!