



# Department of State Hospitals

## Training & Experience Examination Instructions

### EXAMINATION INFORMATION

All parts of this examination belong to the Department of State Hospitals.

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE EXAMINATION

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

#### Section 1: Employment/Education Verification

- Provide any previous and current Employment (**Paid or Unpaid**) and/or Education information.
- Use the Employment/Education Verification information to complete Sections 2 and 3.

#### Section 2: Task Ratings

- EXPERIENCE Column: Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

EXPERIENCE				VERIFICATION				
<b>Extensive Experience</b> – I have performed this task independently. <b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance. <b>Basic Experience</b> – I have only received basic education/formal training in performing this task. <b>No Experience</b> – I do not have any experience performing this task.				Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.	x				<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	
2.	Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	

#### Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

- KNOWLEDGE column: Mark the appropriate box for the level of Knowledge you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

KNOWLEDGE				VERIFICATION				
<b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently. <b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance. <b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement. <b>No Knowledge</b> – I do not have knowledge of how to perform this statement.				Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	
4.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	



# Department of State Hospitals

## Training & Experience Examination Instructions

**Section 4: Conditions of Employment**

- Mark the type of Appointment and Locations in which you are willing to work.

**Signature**

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

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

An example on how to fill out the Training & Experience Examination has been provided on the next page. For additional information on completing the Training & Experience Examination, [please click here](#).

Please submit your completed Training & Experience Examination, along with a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS - SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832



## Training Program Specialist (SAMPLE)

### Training & Experience Examination

#### Read instructions carefully

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

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

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

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

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

### Section 1: Employment/Education Verification

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

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

#### EMPLOYMENT Employment A

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency, 123 Oak Ave, Sacramento, CA 95814

Dates Worked: From: 7/1/2010 To: 7/30/2013

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

Contact Phone Number(s) of the above Individual(s): 555-565-5656

#### EDUCATION Education A

School Name and Address: University of California, Sunny City

Degree(s) Earned: Business Administration with Concentration in Communications

Date(s) Attended: From: 9/1/2005 To: 5/1/2010

**Training Program Specialist (SAMPLE)  
TRAINING & EXPERIENCE EXAMINATION**

**Section 2: Task Ratings**

**Instructions:**

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

For items 1-2, provide responses regarding your:

- **EXPERIENCE** - Mark the appropriate box for the level of experience (paid or unpaid) you have performing the item.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of experience provided for each item below.

**Note to Applicant:** Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE				VERIFICATION		
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)  (Select all that apply)
	<p><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – I do not have any experience performing this task.</p>					
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__
2.	Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.			x		<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__

Training Program Specialist (SAMPLE)  
TRAINING & EXPERIENCE EXAMINATION

**Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings**

**Instructions:**

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

For items 3-4, provide responses regarding your:

- **KNOWLEDGE** - Mark one box for your level of Knowledge of the item described.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of Knowledge selected below.

**Note to Applicant:** Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

KNOWLEDGE				VERIFICATION		
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)  (Select all that apply)
<p><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – I do not have knowledge of how to perform this statement.</p>						
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__
4.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__

**\*\*INTENTIONALLY LEFT BLANK\*\***



# Food Service Technician I

## Training & Experience Examination

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Food Service Technician I examination consists of a Training & Experience Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

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

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

### Section 1: Employment/Education Verification

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

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

#### EMPLOYMENT

##### **Employment A**

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

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

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

##### **Employment B**

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

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

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### Employment C

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

### Employment D

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

### Employment E

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

### Employment F

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

### EDUCATION

#### Education A

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

#### Education B

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

#### Education C

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_



## Education D

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

Please submit your completed Training & Experience Examination and a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832

**Food Service Technician I  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

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

**Experience:** Six months of experience in an institution, hotel, or restaurant, either serving, cleaning food service areas, or assisting with the preparation and service of foods and beverages.

**(Completion of the eighth grade may be substituted for the required experience.)** (To be considered for appointment at the California Maritime Academy, candidates must be eligible for documentation by the United States Coast Guard.)

**Food Service Technician I  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

**Section 2: Task Ratings**

**Instructions:**

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

For items 1-10, provide responses regarding your:

- **EXPERIENCE** - Mark the appropriate box for the level of experience (paid or unpaid) you have performing the item.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of experience provided for each item below.

**Note to Applicant:** Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE					VERIFICATION	
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)  (Select all that apply)
	<p><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – I do not have any experience performing this task.</p>					
1.	Assisting to maintain dining room, equipment, utensils, and work areas according to cleanliness standards.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
2.	Assisting in receiving, loading, and distributing food and supplies and labeling food utilizing appropriate equipment (e.g., electric cart, mobile cart).					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
3.	Assisting with food preparation and cooking tasks (e.g., stirring kettles, mixing batter, slicing meat, weighing ingredients, making sandwiches, grill work, opening cans, preparing fruits and vegetables).					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
4.	Assisting in the preparation and distribution of meals to individuals according to policies and procedures.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
5.	Preparing and serving meals using serving utensils, following portion control guidelines and food substitutions.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
6.	Preparing food and beverages for special events as necessary.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Food Service Technician I  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

EXPERIENCE					VERIFICATION				
<p><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – I do not have any experience performing this task.</p>					Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)
					(Select all that apply)				
7.	Organizing and placing canned goods, fresh produce, and other items and supplies on carts for delivery to dining rooms.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
8.	Serving regular meals in an accurate and respectful manner to individuals according to their diet and facility menu.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
9.	Cleaning and maintaining utensils, trays, dishware, tables, chairs, and work areas including drawers and closets using cleaning solutions.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
10.	Disposing of waste and trash and cleaning trash receptacles as needed.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Food Service Technician I  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

**Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings**

**Instructions:**

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

For items 11-20, provide responses regarding your:

- **KNOWLEDGE** - Mark one box for your level of Knowledge of the item described.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of Knowledge selected below.

**Note to Applicant:** Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

KNOWLEDGE					VERIFICATION	
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)  (Select all that apply)
	<p><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – I do not have knowledge of how to perform this statement.</p>					
11.	Knowledge of safe handling procedures for cleaning and preparing foods prior to cooking, distributing, and storing.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
12.	Knowledge of procedures and techniques of food storage to prevent waste.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
13.	Knowledge of methods in setting up dining room furniture, setting tables, and serving meals to individuals.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
14.	Knowledge of utilizing different types of food service utensils, portion control, and any related equipment.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
15.	Knowledge of procedures and equipment used for cleaning and maintaining food service areas and utensils.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
16.	Knowledge of cleanliness and safety guidelines required to maintain food service areas.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Food Service Technician I  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

KNOWLEDGE					VERIFICATION					
<p><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – I do not have knowledge of how to perform this statement.</p>					Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	<p><b>Employment (Emp)/ Education (Edu)</b></p> <p>(Select all that apply)</p>	
17.	Ability to use automatic dish washing machine equipment to sanitize dishware, utensils, serving tools, etc.								<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
18.	Ability to hand wash dishware, utensils, serving tools, etc., as needed.								<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
19.	Ability to portion servings of food items and beverages when serving individuals.								<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D
20.	Ability to physically lift, push, and transport materials weighing up to fifty pounds and perform moderate physical labor.								<input type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D

## Section 4: Conditions of Employment

DEPARTMENT OF STATE HOSPITALS  
 CONDITIONS OF EMPLOYMENT  
 FORM 631(11/12)

### Food Service Technician I TRAINING & EXPERIENCE EXAMINATION

Name: \_\_\_\_\_

Please select the type(s) of employment and location(s) for which you are willing to accept employment. If you are successful in the examination, your name will be placed on the employment list and referred to fill vacancies according to the conditions you specify on this form.

#### TYPE OF EMPLOYMENT YOU WILL ACCEPT:

- |   |  |
|---|--|
| <input type="checkbox"/> Permanent – Full Time    | <input type="checkbox"/> Limited Term – Full Time    |
| <input type="checkbox"/> Permanent – Part Time    | <input type="checkbox"/> Limited Term – Part Time    |
| <input type="checkbox"/> Permanent - Intermittent | <input type="checkbox"/> Limited Term - Intermittent |

**ANYWHERE IN THE STATE** – If checked, no further selection is necessary.  
 If you select more than 15 counties below, you may be considered available for work anywhere in the State

**8004 ANYWHERE IN THE NORTHERN REGION** or make Northern Region county choices below.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 0400 Butte     | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 4600 Sierra   |
| <input type="checkbox"/> 0600 Colusa    | <input type="checkbox"/> 2500 Modoc     | <input type="checkbox"/> 4700 Siskiyou |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2900 Nevada    | <input type="checkbox"/> 5100 Sutter   |
| <input type="checkbox"/> 1100 Glen      | <input type="checkbox"/> 3100 Placer    | <input type="checkbox"/> 5200 Tehama   |
| <input type="checkbox"/> 1200 Humboldt  | <input type="checkbox"/> 3200 Plumas    | <input type="checkbox"/> 5300 Trinity  |
| <input type="checkbox"/> 1700 Lake      | <input type="checkbox"/> 4500 Shasta    | <input type="checkbox"/> 5800 Yuba     |
| <input type="checkbox"/> 1800 Lassen    |   |  |

**8001 ANYWHERE IN THE CENTRAL REGION** or make Central Region county choices below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 0100 Alameda      | <input type="checkbox"/> 2200 Mariposa      | <input type="checkbox"/> 4100 San Mateo   |
| <input type="checkbox"/> 0200 Alpine       | <input type="checkbox"/> 2400 Merced        | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0300 Amador       | <input type="checkbox"/> 2700 Monterey      | <input type="checkbox"/> 4400 Santa Cruz  |
| <input type="checkbox"/> 0500 Calaveras    | <input type="checkbox"/> 2800 Napa          | <input type="checkbox"/> 4800 Solano      |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 3400 Sacramento    | <input type="checkbox"/> 4900 Sonoma      |
| <input type="checkbox"/> 0900 El Dorado    | <input type="checkbox"/> 3500 San Benito    | <input type="checkbox"/> 5000 Stanislaus  |
| <input type="checkbox"/> 1000 Fresno       | <input type="checkbox"/> 3800 San Francisco | <input type="checkbox"/> 5500 Tuolumne    |
| <input type="checkbox"/> 2000 Madera       | <input type="checkbox"/> 3900 San Joaquin   | <input type="checkbox"/> 5700 Yolo        |
| <input type="checkbox"/> 2100 Marin        |   |   |

**8011 ANYWHERE IN THE SOUTHERN REGION** or make Southern Region county choices below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1300 Imperial    | <input type="checkbox"/> 2600 Mono           | <input type="checkbox"/> 4000 San Luis Obispo |
| <input type="checkbox"/> 1400 Inyo        | <input type="checkbox"/> 3000 Orange         | <input type="checkbox"/> 4200 Santa Barbara   |
| <input type="checkbox"/> 1500 Kern        | <input type="checkbox"/> 3300 Riverside      | <input type="checkbox"/> 5400 Tulare          |
| <input type="checkbox"/> 1600 Kings       | <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 5600 Ventura         |
| <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3700 San Diego      |   |

