



# DEPARTMENT OF STATE HOSPITALS

## Training and Experience Assessment Instructions

### EXAM INFORMATION

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

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out all of your personal information truthfully and to the best of your knowledge.
- Read and complete each page and section in the assessment.
  - **Section 1:** Verification References
    - Provide any previous and current Employment and/or Education References.
  - **Section 2:** Task Ratings
    - Score all items using the Experience and Frequency scales provided AND mark the boxes for References.
  - **Section 3:** Knowledge, Skills, and Abilities (KSAs) Ratings
    - Score all items using the Experience scale provided AND mark the boxes for References.
  - **Section 4:** Conditions of Employment
    - Include Type of Appointment and Locations in which you are willing to work.

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

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, 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

**\*Remember to sign your Training and Experience Assessment as well as your standard State Application Form, STD. 678. Failure to include original signature may result in disqualification.**

An example on how to fill out your Training and Experience Assessment has been provided on the next page.



# Training Program Specialist

## Training and Experience Assessment

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Training and Experience Assessment 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 and Experience Assessment 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: Verification References**

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

These references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

#### EMPLOYMENT

##### **Employment Reference 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 Reference 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  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 2: Task Ratings**

**Instructions:**

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

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-2, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	<b>EXPERIENCE</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>FREQUENCY</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES</b> 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.		2	2	<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.		2	1	<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  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 3: KSA Ratings**

**Instructions:**

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

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 3-4, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

<b>ITEM</b>	<b>EXPERIENCE</b> I have applied this knowledge, skills, and/or abilities for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
<b>3.</b>	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	<b>3</b>	<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__
<b>4.</b>	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	<b>2</b>	<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__



# Food Service Supervisor I

## Training and Experience Assessment

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Food Service Supervisor I examination consists of a Training and Experience Assessment 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 and Experience Assessment 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: Verification References

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

These references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

#### EMPLOYMENT

##### **Employment Reference 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference A**

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

### **Education Reference B**

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

### **Education Reference C**

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

## Education Reference E

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 assessment may be rejected.**

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the references you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact 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 assessment, 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 the statements I have made in this assessment is 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 and Experience Assessment, and a State Application Form (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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**MINIMUM QUALIFICATIONS**

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

**EITHER I**

One year of experience performing the duties of a Food Service Worker II in the California state service.

**OR II**

Two years of experience performing the duties of a Food Service Worker I in the California state service.

**OR III**

Experience: Three years of experience in the distribution and service of foods in large quantity including the cleaning and maintaining of equipment and work areas. One year of this experience must have been in a supervisory capacity including responsibility for the training and assignment of food service employees.

**AND**

Education: Equivalent to completion of the eighth grade.

**Food Service Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**Section 2: Task Ratings**

**Instructions:**

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

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-25, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	EXPERIENCE I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp)/ Education (Edu)
1.	Provide orientation to new staff to advise them of various policies and procedures by demonstrating equipment use and distributing templates of required reports according to specific rules and regulations, such as the California Retail Food Code.				<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.	Evaluate employee competency to determine their ability to perform tasks unsupervised by observing and training by following the facility checklist, probation reports, etc.				<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.	Evaluate performance of subordinate staff to measure their compliance with facility requirements through completion of periodic probationary reports and quizzes administered at in-service training classes.				<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.	Apply the discipline process (e.g., Letter(s) of Instruction, counseling memos, mentoring, etc.) as necessary to correct employee performance issues				<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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>EXPERIENCE</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>FREQUENCY</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
<b>5.</b>	Create work schedules and assignment schedules to ensure adequate coverage for daily jobs by verifying accurate attendance records and processing requests for time off.				<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_
<b>6.</b>	Review menu prior to service to advise staff of menu alterations, portion control, utensil use, etc.				<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_
<b>7.</b>	Distribute food throughout the serving lines and service period in order to prevent shortages and resolve any issues with production supervisor using proper portion control 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_
<b>8.</b>	Provide menu items to ensure that portion control is maintained and substitutes are offered in an accurate, efficient, and courteous manner.				<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_
<b>9.</b>	Investigate patient complaints in order to resolve them in a prompt and courteous manner according to facility 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_
<b>10.</b>	Assemble nourishments and confinement/go-back meals accurately to efficiently deliver them throughout the facility as directed by the Nutrition Services Manual, Hazard analysis and critical control points (HAACP), California Retail Food Code, and licensing requirements.				<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_
<b>11.</b>	Refer patient dietetic concerns to dietitians using instructional cards, menus, and special order sheets.				<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_
<b>12.</b>	Maintain sufficient stock and supplies by keeping an accurate inventory and secure storage in order to have a fully stocked kitchen/dining room based upon the submitted storeroom order.				<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_
<b>13.</b>	Perform inspections on a meal-by-meal basis, by documenting and completing checklists in order to initiate corrective actions 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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>EXPERIENCE</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>FREQUENCY</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
14.	Implement infection control guidelines including glove usage, dress code, and personal hygiene, to prevent food-borne illnesses in accordance with CA Retail Food Code, and Joint Commission.				<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.	Follow standard universal precautions in food service areas using Personal Protective Equipment and cleanup supplies, to prevent and properly clean up a body fluid/blood spill in accordance with the infection control 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_
16.	Store food for infection control purposes by maintaining food temperatures during setup, transport, and service in order to protect food from contamination according to Hazard Analysis Critical Control Point (HACCP) requirements.				<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_
17.	Inspect servers for any skin infection or communicable diseases by observation at the beginning of each shift in order to take precautionary/corrective actions as required.				<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_
18.	Conduct spot cleaning between unit feedings by thoroughly sanitizing/cleansing utensils, equipment, serviceware, work areas, and furniture to maintain health and safety 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_
19.	Control contraband by directly counting, issuing, and accounting for utensils for each shift in order to prevent security breaches and take immediate action.				<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_
20.	Address illness/injury by escorting employee to receive on-site urgent care and preparing a written report in order to initiate investigation, corrective action, and medical leave as necessary according to California Occupational Safety and Health Administration (CalOSHA) requirements and the facility safety manual.				<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_
21.	Complete Safety Data Sheets (SDS) by identifying hazards, taking precautions, and specifying control measures in order to follow the reporting format as required by California Occupational Safety and Health Administration (CalOSHA), and department Health and Safety directives.				<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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>EXPERIENCE</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>FREQUENCY</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
<b>22.</b>	Prevent breaches in relationship security by observing staff and intervening in order to maintain therapeutic boundaries set by the facility's 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_
<b>23.</b>	Provide guidance for subordinate staff in order to model appropriate therapeutic communication with patient workers according to the facility's 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_
<b>24.</b>	Assist with hiring new staff by maintaining records of allocated positions and vacancies in order to recruit in the most efficient and equitable manner.				<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_
<b>25.</b>	Utilize computer hardware and software for database maintenance, word processing, e-mail, and printing, in order to track information and communicate with colleagues and control agencies as required in the course of daily business.				<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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**Section 3: KSA Ratings**

**Instructions:**

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

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 26-44, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

<b>ITEM</b>	<b>EXPERIENCE</b> I have applied this knowledge, skills, and/or abilities for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
<b>26.</b>	Knowledge of the arrangement, application, and operation of dining areas, for effective utilization of food utensils, equipment and supplies.		<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_
<b>27.</b>	Knowledge of appropriate sanitation materials and methods used in the maintenance of clean and sanitized dining room utensils, equipment, and environment.		<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_
<b>28.</b>	Knowledge of dining room safety measures to prevent illness and injury to staff and patients.		<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_
<b>29.</b>	Knowledge of effective personnel practices to effectively assist in the administration of payroll, benefits, and other Human Resources issues.		<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_
<b>30.</b>	Knowledge of organizing and presenting special meal and refreshment events.		<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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>EXPERIENCE</b> I have applied this knowledge, skills, and/or abilities for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
31.	Knowledge of the correct methods for preventing the presence and spread of pathogens.		<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_
32.	Knowledge of effective intervention to improve employee performance.		<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_
33.	Knowledge of dietary regulations and standards including compliance to licensing regulations, Joint Commission, standards, Environmental Health Code, and Hazard analysis and Critical Control Points (HACCP) principles.		<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_
34.	Knowledge of response to minor or major emergencies, for contingency planning, and alternate feeding.		<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_
35.	Knowledge of modified diet service in order to process modified diet requests.		<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_
36.	Knowledge of presentation methods for high quantity service of meals, nourishments, and alternate feedings.		<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_
37.	Knowledge of quality control techniques for food service.		<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_
38.	Skill in training, monitoring and evaluating employees in the application of required state, institution, and food service policies/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_
39.	Skill in applying supervisory intervention to correct/improve employee performance.		<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 Supervisor I  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>EXPERIENCE</b> I have applied this knowledge, skills, and/or abilities for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES</b> Employment (Emp)/ Education (Edu)
<b>40.</b>	Ability to plan, organize, and direct the work of others.		<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_
<b>41.</b>	Ability to plan and conduct in-service training programs and meetings.		<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_
<b>42.</b>	Ability to keep records and prepare reports.		<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_
<b>43.</b>	Ability to read and follow serving instructions for therapeutic diets.		<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_
<b>44.</b>	Ability to effectively promote Equal Employment Opportunity (EEO) objectives and maintain a work environment that is free of discrimination and harassment.		<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_

## Section 4: Conditions of Employment

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

### Food Service Supervisor I TRAINING AND EXPERIENCE ASSESSMENT

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

If you are successful in this examination, your name will be placed on an active employment list for 12 months and utilized to fill vacancies. Before you mark this form, please consider relocation and distance. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a great distance from your residence. You may choose multiple locations.

#### TYPE OF APPOINTMENT YOU WILL ACCEPT

- Permanent/Full Time
- Other than Permanent/Full Time
- Both

#### LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- DSH – Atascadero  
Atascadero, CA
- DSH – Coalinga  
Coalinga, CA
- DSH – Metropolitan  
Norwalk, CA
- DSH – Napa  
Napa, CA
- DSH – Patton  
Patton, CA



*Please notify the Department of State Hospitals, Human Resources Branch promptly of address or location preference changes at 1600 9<sup>th</sup> Street, Room 121, Sacramento CA 95814 or (916) 651-8832.*