



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS) Training and Experience Assessment

PLEASE READ INSTRUCTIONS CAREFULLY

This Training and Experience Assessment (T&E) will be used to measure your experience, training, and/or education relevant to the Supervising Correctional Cook (Department of Corrections). It will ask you to rate yourself on the experience, training, and/or education that you will bring to the job with California Correctional Health Care Services (CCHCS).

The T&E is the exam and it will be weighted **100%** of your score. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. The eligible list resulting from this exam will be used by CCHCS to fill our existing and/or future vacancies. A "Conditions of Employment" form is included in this T&E that will allow you to select the location(s), tenure(s), and time base(s) that you are interested in working.

Please follow all instructions carefully and completely.

THIS AFFIRMATION MUST BE COMPLETED

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: _____
	LAST FOUR DIGITS SOCIAL SECURITY NUMBER: _____
NAME (PRINTED): _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
WORK PHONE NUMBER: _____	HOME PHONE NUMBER: _____

FILING INSTRUCTIONS:

Please submit **1.) a State application (STD. 678)** (Go to: <https://jobs.ca.gov/Profile/StateApplication> for a copy of the State application.) and **2.) this Completed Training and Experience Assessment** as follows:

By mail to:

California Correctional Health Care Services
Examination Services, Bldg. D1
P.O. Box 588500
Elk Grove, CA 95758

OR

In person to:

California Correctional Health Care Services
8280 Longleaf Drive
Suite 101 Drop Box
Elk Grove, CA 95758

SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
Training and Experience Assessment

Name: _____

MINIMUM QUALIFICATIONS

You must meet the Minimum Qualifications by the date the T&E is signed. If not, your application will be rejected and your T&E exam will not be scored. Please ensure that your State application (STD. 678) clearly indicates your experience, training, and/or education relevant to the Supervising Correctional Cook (Department of Corrections) Minimum Qualifications as stated below:

Education: Equivalent to completion of the eighth grade.

And

Either I

One year in the California state civil service performing the duties of a Correctional Supervising Cook (Correctional Facility).

Or II

Two years of experience in a supervisory capacity over cooks and allied workers with responsibility for supervising, planning, and scheduling the preparation, cooking, and serving of three meals a day for at least 300 persons per meal.

SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
Training and Experience Assessment

Name: _____

JOB REQUIREMENTS

The following are job requirements. Please indicate your willingness to comply with each job requirement listed. *(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in this exam.)*

1. Are you willing to work at California Department of Corrections and Rehabilitation's correctional facilities with the California Correctional Health Care Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat inmates and inmate-patients in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding individual inmate-patient health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relationships among co-workers and peace officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to follow the institutional dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to work with inmates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to travel for training and job related purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
Training and Experience Assessment

Name: _____

WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL			
	Daily	Weekly	Monthly	Quarterly/ Annually	Never	I could train others to do this task.	I am fully trained on this task.	I could use additional training in this task.	I have no training or experience doing this task.
<p>Instructions: For Items 11 – 20, please check the box that best indicates the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> How often have you performed this task? <p>Level of Skill:</p> <ul style="list-style-type: none"> What is your level of skill in performing this task? 									
11. Have you supervised the work of cooks and kitchen staff to ensure that it meets quality, quantity, and timeliness standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12. Have you supervised cooks and kitchen staff in the serving of food in a large culinary program (i.e., 300 or more persons per meal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13. Have you supervised cooks and kitchen staff in the cleaning and sanitizing of cooking utensils, equipment, and work areas in order to keep the food service area sanitary and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14. Have you generated monthly work schedules for cooks and kitchen staff for various shifts and relief in order to assign food service staff duties and ensure appropriate coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you monitored serving lines to ensure portion control, proper food presentation, and health and safety guidelines are followed by cooks and kitchen staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you monitored cooks and kitchen staff in the inspection of food, equipment, and supplies received and stored at the facility to ensure quality, quantity, proper storage, and temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
17. Have you monitored cooks and kitchen staff in order to ensure personal hygiene standards and dress codes have been met in accordance with local and state health and safety standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
18. Have you conducted weekly staff meetings with cooks and kitchen staff in order to promote an exchange of information and share policy and regulation updates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
19. Have you trained cooks and kitchen staff in the implementation of safe food handling practices in order to prevent food borne illnesses or death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
20. Have you trained cooks and kitchen staff in the preparation and cooking of food in order to provide three meals a day in a large culinary program (i.e., 300 or more persons per meal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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Name: _____

WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL			
	Daily	Weekly	Monthly	Quarterly/ Annually	Never	I could train others to do this task.	I am fully trained on this task.	I could use additional training in this task.	I have no training or experience doing this task.
<p>Instructions: For Items 21 – 32, please check the box that best indicates the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> How often have you performed this task? <p>Level of Skill:</p> <ul style="list-style-type: none"> What is your level of skill in performing this task? 									
21. Have you trained cooks and kitchen staff in the prevention of accidents and injuries in the food service area in order to create a safe work environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
22. Have you implemented safe food handling practices as mandated by rules, regulations, and/or procedures in order to prevent food borne illnesses or death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
23. Have you conducted safety and sanitation inspections of food service work areas in order to ensure compliance with local and state health and safety standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
24. Have you coordinated the preventative maintenance and repair of food service equipment in order to extend the life and proper functioning of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
25. Have you resolved disagreements and conflicts between cooks and kitchen staff to achieve a harmonious, productive working environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26. Have you initiated the employee performance evaluation process to correct/improve cooks and kitchen staff performance/behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
27. Have you evaluated the performance of cooks and kitchen staff to ensure that performance standards are met by providing recommendations for improvement and feedback regarding performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
28. Have you managed cooks and kitchen staff performance problems by planning and implementing training and corrective measures to improve staff performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
29. Have you conducted hiring interviews to fill vacant positions in food services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
30. Have you assigned and delegated work to cooks and kitchen staff to ensure the food service/kitchen operates effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
31. Have you written justifications/requests for food service area equipment replacement (e.g., refrigerator, dishwasher machine, steam kettles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
32. Have you overseen cooks and kitchen staff in the proper completion of required paperwork (e.g., timecards, evaluations, discipline reports, etc.) in order to document hours worked and work performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
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Name: _____

KNOWLEDGE, SKILLS, AND ABILITIES	LEVEL OF EXPERTISE			
<p>Instructions: For Items 33 – 36, please check the box that best indicates the following:</p> <p>Level of Expertise:</p> <ul style="list-style-type: none"> Which statement best describes the level of expertise you have with each knowledge, skill, and ability. 	I have a lot of experience using this skill on the job	I have some experience using this skill on the job	I have little experience using this skill on the job	I have no experience using this skill on the job
33. Do you have the skill to safely use appropriate food service equipment in order to prepare, cook, dispense, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you have the skill to determine adequate food quantities needed to feed a large culinary program (i.e., 300 or more persons per meal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you have the skill to perform basic arithmetic operations of addition, subtraction, multiplication, and division to add amounts, calculate weight, calculate time spent, and perform inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you have the skill to promote positive, cooperative, and professional working relationships among staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
Conditions of Employment (Form 631)

Name: _____

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. 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 long way from your residence.

TYPE OF APPOINTMENT YOU ARE WILLING TO ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(A) Any
 (D) Permanent Full-Time

(K) Limited-Term Full-Time
 (R) Permanent Part-Time

(U) Limited-Term Part-Time
 (T) Permanent 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.

NOTE: California State Prison has been abbreviated to "CSP".

CENTRAL REGION

4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County

Please notify California Correctional Health Care Services promptly of any changes of address or availability for employment at the following address:
CCHCS, Examination Services, Bldg. D1, P.O. Box 588500, Elk Grove, CA 95758.

**SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS)
Training and Experience Assessment**

Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE SUPERVISING CORRECTIONAL COOK (DEPARTMENT OF CORRECTIONS) EXAM?

The questions below are not part of the exam and are for informational purposes only.

1. Check the box(es) that best describes how you found out about the Supervising Correctional Cook (Department of Corrections) exam.

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Outside of California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- California Department of Human Resources (CalHR)

2. Check the box(es) that best describes the reason for selecting CCHCS as your place of employment.

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the Above