

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION: It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

MINIMUM QUALIFICATIONS: Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as Either I, or II, or III, etc.

Either I

Two years of experience performing the duties of a Public Health Nutrition Consultant II in California state service.

Or II

Experience: Four years of increasingly responsible professional experience gained after obtaining eligibility for registration with the Commission on Dietetic Registration of the American Dietetic Association in nutrition or dietetics, at least two years of which shall have been as a nutrition consultant in a public health agency or as an institutional dietary consultant. (Experience gained in California state service applied toward this pattern must include two years performing duties comparable to the Public Health Nutrition Consultant II.)

AND

Education: Possession of a Master's Degree in Nutrition, Dietetics, Institutional Management, Public Health Nutrition, or other nutrition field.

AND

Possession of a valid certificate of registration with the Commission of Dietetic Registration of the American Dietetic Association. (Applicants who are eligible for registration will be admitted to the examination, but they must secure the required certificate before they will be considered for appointment.)

NOTE: Applications **must** include "to" and "from" dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course information **must** include title, number of semester or quarter units, name of institution, completion dates, and degree (if applicable).

Applications received without this information will be rejected. Applicants must submit a copy of official transcripts along with the application when using education to meet the entrance requirements for this examination.

SPECIAL PERSONAL CHARACTERISTICS: Willingness to travel in an assigned area or throughout the State, work irregular hours, and possession of a valid driver's license.

GENERAL QUALIFICATIONS: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required.

EXAMINATION INFORMATION: The examination will consist of a Qualifications Assessment and is the sole component of the Public Health Nutrition Consultant III (Supervisor) examination. To obtain a position on the eligible list, a minimum score of 70% must be received. The Qualifications Assessment is designed to elicit specific information regarding each candidate's education, training, and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. **The Qualifications Assessment package will be emailed to the applicant in the form of a survey. Please monitor your email account's SPAM, Junk, Bulk, etc. Folder (s) as the examination email may be filtered depending on your specific account settings.**

The participating department's reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination has changed. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

ELIGIBLE LIST INFORMATION: Possession of the entrance requirement does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Names of successful competitors are merged into the open eligible list established for use by the Department of Public Health in order of final scores regardless of testing date. Eligibility expires **24** months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, and 6) open. When there are two lists of the same kind, the older must be used first.

VETERANS' PREFERENCE: Will be awarded in this examination, pursuant to Government Code Section 18973.1, effective January 1, 2014, as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent

disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veterans' preference; 2) An entrance examination is defined, under the law, as any open competitive examination; 3) Veterans' Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS' PREFERENCE: The California Department of Human Resources (CalHR) has information on how to apply for Veterans' Preference on their website at www.jobs.ca.gov and on the Application for Veterans' Preference form ([CalHR 1093](#)). Additional information is also available at the Department of Veterans Affairs website at www.cdva.ca.gov.

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929 MCI from voice telephone: 1-800-735-2922
Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379

California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS

Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Public Health Nutrition Consultant III (SUP)

State law requires that civil service examinations are confidential and impartial. We ask that you assume a personal responsibility in maintaining the competitive aspects and confidential nature of this examination. The personal information that you provide on this form is required for documentation purposes. All information will remain confidential.

As a candidate, you must comply with the following test security standards:

1. DO NOT REVEAL the fact that you are participating in the examination process to anyone.
2. DO NOT DISCUSS any aspect of the examination with anyone. This includes supervisors, peers and co-workers. This security limitation includes information on all questions and answers.

I certify that:

1. I will not reveal to anyone that I am participating in this examination.
2. I will not discuss any aspect of this material with anyone.
3. I will adhere to all the established security measures.

I hereby certify and understand that the information provided by me in this application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that, if it is discovered I have made any false representations, I will be removed from the promotional list resulting from this examination, and possibly dismissed from civil service.

Signature

Date

Printed Name

Return this page with your original signature along with your State Application STD 678.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) will not be accepted under any circumstance.

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Public Health Nutrition Consultant III (Supervisor)

FFD: Continuous

Name: _____
(Print: first, middle initial, last)

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:

Please indicate your choices - you will not be offered a job in locations not checked.

Sacramento (3400) _____

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)
_____ Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)
_____ Limited Term

It is your responsibility to notify the Department of Public Health, Selection and Certification Unit, of any changes in your address or availability for employment. All correspondence must include your examination title, identification number and Social Security number.

Signature: _____

Date: _____