

STATE OF CALIFORNIA — STATE PERSONNEL BOARD  
**EXAMINATION/EMPLOYMENT APPLICATION**  
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*Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.*

PRINT OR TYPE — PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT IDENTIFICATION NUMBER (EASY ID) FIRST 3 LETTERS OF LAST NAME AT BIRTH <b>k e n</b> MONTH OF BIRTH <b>0 8</b> DAY OF BIRTH <b>2 0</b> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <b>8 4 2 1</b>						EASY ID <b>sbkent2000</b>
APPLICANT'S NAME (Last) <b>Kent</b>			(First) <b>Stephen</b>	(M.I.) <b>B</b>		SOCIAL SECURITY NUMBER <b>097-48-8421</b>
MAILING ADDRESS (Number) <b>735 College Street</b> (Street)			E-MAIL ADDRESS <b>stephen.b.kent@sbcglobal.net</b>			WORK TELEPHONE NUMBER <b>(530) 848-9220</b>
(City) <b>Woodland</b>			(County) <b>Yolo</b>	(State) <b>CA</b>	(Zip Code) <b>95695</b>	HOME/RS/TTY TELEPHONE NUMBER <b>(530) 668-8663</b>
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING <b>SENIOR ELECTRONIC DATA PROCESSING ACQUISITION SPECIALIST (SUPERVISORY)</b>						PERSONNEL USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

- Enter the county in which you would like to take the examination if different from the county of your residence: \_\_\_\_\_
- Do you need reasonable accommodation to take an interview or written test? \_\_\_\_\_  YES  NO
- Do your religious beliefs prevent you from taking an examination on Saturday? \_\_\_\_\_  YES  NO
- Are you now employed by the State of California? (If "YES", fill in the information below.) \_\_\_\_\_  YES  NO  
Department: \_\_\_\_\_ Subdivision: \_\_\_\_\_
- Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the Explanations section. \_\_\_\_\_  YES  NO
- In addition to English, list any other languages you:  
a. possess verbal fluency in \_\_\_\_\_  
b. possess written fluency in \_\_\_\_\_
- I certify I can type at a speed of \_\_\_\_\_ words per minute. (For typing applicants only.)

(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)

- Do you meet the minimum and/or maximum age requirements? \_\_\_\_\_  YES  NO
- Do you possess a valid California Driver License? (If "YES", fill in the information below.) \_\_\_\_\_  YES  NO  
License# U1044764 Class: C Restrictions: Corrective Lenses

EXPLANATIONS

**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.**

*I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.*

APPLICANT'S SIGNATURE 								DATE SIGNED <b>10/27/2011</b>		
<b>APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY</b>										
Classes	01	02	03	04	05	06		Flags	FOR PERSONNEL USE ONLY	
WC for Series/Levels									STATUS <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED WC _____	
RC/Flag for Series/Levels								EXPERIENCE	LICENSE REQUIREMENT	
CODES	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		EDUCATION OTHER	
									STAFF DATE PROCESSED	

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APPLICANT'S NAME (Last) Kent	(First) Stephen	(M.I.) B	EASY ID sbkent2000
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**EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?		IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED		
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
Alfred University, Alfred, NY	Business Administration	8	BS - Business Administration	06/1980

**LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.**

(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)

LICENSE/CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

**EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.**

FROM (MM/DD/YY) 03/01/2007	TO (MM/DD/YY) 09/01/2007	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Manager - Information Technologies	SUPERVISOR NAME Daniel Chavez
HOURS PER WEEK 50	TOTAL WORKED (Years/Months) 4 years 9 months	COMPANY/STATE AGENCY NAME Document Fulfillment Services	SUPERVISOR PHONE NUMBER (916) 266-7961
SALARY EARNED \$ 90,000	PER Year	ADDRESS 910 Riverside Parkway Suite #40, West Sacramento, CA 95605	

## DUTIES PERFORMED

- Responsible for requirements planning, justification, creation of RFPs and negotiations for IT services.
- Successfully managed audit conducted by Sonoma County. Worked closely with the audit staff to create policies and procedures resulting from the audit process. Audit passed successfully.
- Defined, implemented and enforced corporate standards and policies and procedures.
- Successfully implemented, maintained and operated an automated Help Desk package for the company. Sole responsibility for the support of the computer, network and printer environment for company.
- Worked closely with customers to analyze requirements to develop, test and produce printed output for customer statements, invoices and other financial documents.
- Successfully resolved customer 'data issues'. Develop new or modify existing programs to achieve desired results under critical time frames.

## REASON FOR LEAVING

Laid off

FROM (MM/DD/YY) 03/01/2005	TO (MM/DD/YY) 11/20/2006	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Manager - Information Technologies	SUPERVISOR NAME Steven Brandwein
HOURS PER WEEK 50	TOTAL WORKED (Years/Months) 1 year 9 months	COMPANY/STATE AGENCY NAME Arcadia Biosciences, LLC	SUPERVISOR PHONE NUMBER (530) 756-7077
SALARY EARNED \$ 75,000	PER year	ADDRESS 202 Cousteau Place, Davis, CA 95616	

## DUTIES PERFORMED

- Managed 1 FTE and several contract support technicians in all aspects of computer related hardware, software and network support for 150+ users across 4 geographic locations.
- Reduced overall IT expenditures by \$170k/year by designing, justifying, procuring and implementing a proprietary network infrastructure.
- Successfully managed the migration (separation) off of parent company's wide area network.
- Successfully designed, justified, procured and implemented an aging and 'at capacity' corporate phone system.
- Successfully designed, justified, procured and implemented a full voice, data and wireless workstation solution for the company's greenhouse location.
- Successfully implemented a complete data backup solution for reliable backups (including secure offsite backup rotation)
- Responsible for annual operating and capital budgeting

## REASON FOR LEAVING

Laid off

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APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID
Kent	Stephen	B	sbkent2000

**EMPLOYMENT HISTORY (Continued)**

FROM (MM/DD/YY) 01/01/2003	TO (MM/DD/YY) 02/20/2005	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Consultant/Contractor	SUPERVISOR NAME Self-employed
HOURS PER WEEK 40	TOTAL WORKED (Years/Months) 2 years 1 month	COMPANY/STATE AGENCY NAME Independent Contractor/Consultant	SUPERVISOR PHONE NUMBER (530) 668-8663
SALARY EARNED \$ 45,000	PER year	ADDRESS 864 Browning Circle, Woodland, CA 95776	

**DUTIES PERFORMED**

- Website development - Get Tutored, Inc. - Falmouth, MA
- Educational program development - KLEIN Educational Systems - Davis, CA
- Web-based newsletter development - SACTO - Sacramento, CA
- Help desk technician - UC Davis - Department of Architects & Engineers - Davis, CA

**REASON FOR LEAVING**

Hired by Arcadia Biosciences

FROM (MM/DD/YY) 01/05/1994	TO (MM/DD/YY) 12/20/2002	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Manager - Information Technologies	SUPERVISOR NAME Lionel Morgan
HOURS PER WEEK 50	TOTAL WORKED (Years/Months) 9 years	COMPANY/STATE AGENCY NAME Calgene, LLC - a Monsanto Company	SUPERVISOR PHONE NUMBER (314) 694-1000
SALARY EARNED \$ 65,000	PER year	ADDRESS 1920 5th Street, Davis, CA 95616	

**DUTIES PERFORMED**

- Successfully managed the design, justification, procurement and implementation of a complete replacement of all desktop and laptop computers as well as all mobile devices for the Davis division under extremely critical time frames.
- Successfully managed the design, justification, procurement and implementation of the replacement of the data center servers migrating from Novell to MS Server domain environment for the Davis division under extremely critical time frames.
- Successfully led a project to win company-wide adoption of a Research and Greenhouse Inventory Management system developed in Davis. Adoption of this system was solely responsible for realizing an annual cost saving of \$1M to the parent company.
- Successfully developed and tested DRP for the Davis location. Selected to participate on Monsanto's Global Disaster Recovery Project Team
- Responsible for annual operating budget in excess of \$2M as well as a \$200k capital budget.
- Successfully implemented and managed the customer support help desk system. Prioritized team projects and help desk requests.

**REASON FOR LEAVING**

Laid off - parent company centralized computer operations

FROM (MM/DD/YY) 01/05/1988	TO (MM/DD/YY) 12/20/1993	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable) Programmer Analyst/Software Release Analyst	SUPERVISOR NAME Trudy Reese
HOURS PER WEEK 50	TOTAL WORKED (Years/Months) 5 years	COMPANY/STATE AGENCY NAME Ross Systems, Inc.	SUPERVISOR PHONE NUMBER (770) 351-9600
SALARY EARNED \$ 42,000	PER year	ADDRESS 555 Twin Dolphin Drive, Redwood City, CA	

**DUTIES PERFORMED**

- Successfully coordinated all aspects of the software release process for software including maintenance releases as well as major enhancement releases. Worked with all departments and levels of management to accomplish successful software releases.
- COBOL programmer/analyst on various financial systems applications development teams.
- Member of development team responsible for successfully developing a General Ledger Allocations module funded by Microsoft Corporation.
- Chosen to manage the Software Release Department as 'acting manager' for 7 months during manager's medical leave. Received 'Exemplary Employee Award' for time as 'acting manager.'

**REASON FOR LEAVING**

Relocation - Hired by Calgene

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APPLICANT'S NAME (Last) Kent	(First) Stephen	(M.I.) B	EASY ID sbkent2000
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**EMPLOYMENT HISTORY (Continued)**

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION ( <i>Include Range or Level, if applicable</i> )	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	ADDRESS		
\$	PER		
DUTIES PERFORMED			

## REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION ( <i>Include Range or Level, if applicable</i> )	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	ADDRESS		
\$	PER		
DUTIES PERFORMED			

## REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION ( <i>Include Range or Level, if applicable</i> )	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	ADDRESS		
\$	PER		
DUTIES PERFORMED			

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**EQUAL EMPLOYMENT OPPORTUNITY**  
**(For Examination Use Only)**

**APPLICANT:** To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

APPLICANT IDENTIFICATION NUMBER (EASY ID)								
FIRST 3 LETTERS OF LAST NAME AT BIRTH		k   e   n	MONTH OF BIRTH		0   8	DAY OF BIRTH		2   0
				LAST 4 DIGITS OF SOCIAL SECURITY NUMBER				
				8   4   2   1				
				EASY ID sbkent2000				
AGE								
<input type="checkbox"/> (1) UNDER 21 <input type="checkbox"/> (3) 21 - 39 <input checked="" type="checkbox"/> (6) 40 - 69 <input type="checkbox"/> (7) 70 AND OVER				GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				

**Ethnic Category (Please check the box that best describes your race/ethnicity.):**

- (7) **AMERICAN INDIAN OR ALASKAN NATIVE**—Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION \_\_\_\_\_

- (2) **ASIAN**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
- (1) **BLACK**—Persons having origins in any of the black racial groups of Africa.
- (8) **FILIPINO**—Persons having origins in any of the original peoples of the Philippine Islands.
- (4) **HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (6) **PACIFIC ISLANDERS**—Persons having origins in the Pacific Islands, such as Samoa.
- (5) **WHITE**—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Check if:**  
 (3) OTHER (Specify) \_\_\_\_\_

- (Y) **DISABLED**—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

- MILITARY**—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

**How did you learn of this Examination?**

<input type="checkbox"/> TELEPHONE JOB LINE	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> INTERNET
ADVERTISEMENT IN _____	<input checked="" type="checkbox"/> EXAMINATION BULLETIN LOCATED AT <a href="http://www.spb.ca.gov">www.spb.ca.gov</a>	

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

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## **INSTRUCTIONS**

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

**Easy ID** - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your social security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

**Social Security Number** - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). However, if the Social Security Number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

**Home/VRS/TTY Number** - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

**Examination Title/Job Title** - Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy for which you are applying.

**Question 2** - Reasonable Accommodation will be provided to applicants who need assistance to take an interview or written test. If you check "Yes" you will be contacted via telephone or mail to make specific arrangements.

**Question 5** - Employment History/Discharges. Question 5 must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Explain any "Yes" answers in the Explanations section. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer "Yes" to Question 5 if:

- you have been rejected during a probationary period; or
- your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
- a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period, however, applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application.

**Questions 8 and 9** - These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

**Explanations** - Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

**Signature** - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

**Education** - You must include a complete record of your training and educational background. Please read the Requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, attach additional sheet(s).

**Licenses** - If the examination bulletin calls for a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

**Experience** - You must include a complete list of your paid and/or volunteer work experience which relates to the qualification requirements specified on the examination bulletin. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they relate directly to the job for which you are applying. State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.

**Examinations Granting Veteran's Preference Points** - If you have not previously applied for and been approved Veteran's Points, you must apply for the points by completing and submitting the Application for Veteran's Preference Form SPB-1093 to the State Personnel Board.

**NOTE:** Your completed Application and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code Section 18934. This Application and other confidential information **will not be returned**; therefore, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov).

**PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION  
TOGETHER BEFORE SUBMITTING!**