

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 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 KEN08208421	
APPLICANT'S NAME (Last) Kent (First) Stephen (M.I.) B					SOCIAL SECURITY NUMBER 097-48-8421	
MAILING ADDRESS (Number) (Street) 735 College Street			E-MAIL ADDRESS stephen.b.kent@sbcglobal.net		WORK TELEPHONE NUMBER (530) 848-9220	
(City) Woodland			(County) Yolo	(State) CA	(Zip Code) 95695	HOME/VRS/TTY TELEPHONE NUMBER (530) 668-8663

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING

DATA PROCESSING MANAGER II - California Highway Patrol

PERSONNEL
USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

1. Enter the county in which you would like to take the examination if different from the county of your residence: _____
2. Do you need reasonable accommodation to take an interview or written test? _____ ☐ YES ☒ NO
3. Do your religious beliefs prevent you from taking an examination on Saturday? _____ ☐ YES ☒ NO
4. Are you now employed by the State of California? (If "YES", fill in the information below.) _____ ☐ YES ☒ NO
Department: _____ Subdivision: _____
5. 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who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".)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
6. In addition to English, list any other languages you:
 - a. possess verbal fluency in _____
 - b. possess written fluency in _____
7. 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.)

8. Do you meet the minimum and/or maximum age requirements? ☒ YES ☐ NO
9. 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 01/25/2012			
APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY													
Classes	01	02	03	04	05	06				Flags _____ WC _____		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											EDUCATION OTHER		
										STAFF DATE PROCESSED			

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APPLICANT'S NAME <i>(Last)</i> Kent	<i>(First)</i> Stephen	<i>(M.I.)</i> B	EASY ID KEN08208421
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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
		SEMESTER	QUARTER		
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 <i>(Include Range or Level, if applicable)</i> 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 audit staff to create policies and procedures resulting from the audit process. Audit passes 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 <i>(Include Range or Level, if applicable)</i> 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 a new telephone and voicemail system replacing an aging and 'at capacity' 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

Corporate downsizing

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APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	EASY ID
Kent	Stephen	B	KEN08208421

EMPLOYMENT HISTORY *(Continued)*

FROM <i>(MM/DD/YY)</i>	TO <i>(MM/DD/YY)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
01/01/2003	02/20/2005	Consultant/Contractor	Self-employed
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
40	2 years 1 month	Independent Contractor/Consultant	(530) 668-8663
SALARY EARNED	ADDRESS		
\$ 45,000	PER year	865 Browning Circe, Woodland, CA 95776	

DUTIES PERFORMED

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

REASON FOR LEAVING

Accepted position at Arcadia Biosciences

FROM <i>(MM/DD/YY)</i>	TO <i>(MM/DD/YY)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
01/05/1994	12/20/2002	Manager - Information Technologies	Lionel Morga
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
50	9 Years	Calgene LLC - a Monsanto Company	(314) 694-1000
SALARY EARNED	ADDRESS		
\$ 65,000	PER year	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 Davs 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 reponsible for realizing annual cost savings of \$1M to the parent company.
- Successfully developed and tested DRP for the Davis division. Selected to partivipate on Monsanto's Global Disaster Recovery Project Team.
- Responsible for annual operanting buget in excess of \$2M as well as a \$200k capital budget.

REASON FOR LEAVING

Corporate restructuring - centralization of computer operations and support

FROM <i>(MM/DD/YY)</i>	TO <i>(MM/DD/YY)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
01/05/1998	12/20/1993	Programmer Analyst/Software Release Analyst	Trudy Reese
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
50	5 Years	Ross Systems, Inc.	(770) 351-9600
SALARY EARNED	ADDRESS		
\$ 42,000	PER year	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 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.
- Selected 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

APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	EASY ID
Kent	Stephen	B	KEN08208421

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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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)				EASY ID			
FIRST 3 LETTERS OF LAST NAME AT BIRTH		MONTH OF BIRTH		DAY OF BIRTH		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
K E N		0 8		2 0		8 4 2 1	
						KEN08208421	
AGE						GENDER	
<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						<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 |
| <input type="checkbox"/> ADVERTISEMENT IN _____ | <input checked="" type="checkbox"/> EXAMINATION BULLETIN LOCATED AT <u>www.spb.ca.gov</u> | |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

(CREATED 6/2010)

Not all Examinations require this Criminal Record Supplemental Questionnaire. Please review the Examination Bulletin to determine if the questionnaire is required before completing.

PRINT OR TYPE – PLEASE SEE INSTRUCTIONS ON THE NEXT PAGE

Applicant Identification Number (Easy ID)

FIRST 3 LETTERS OF
LAST NAME AT BIRTH

MONTH OF BIRTH

DAY OF BIRTH

LAST 4 DIGITS OF SOCIAL
SECURITY NUMBER

Applicants Name (last)

(First)

(M.I.)

Easy ID

Mailing Address (Number)

(Street)

E-mail Address

Work Telephone Number

(City)

(County)

(State)

(Zip Code)

Home Telephone Number

Exam Title(s) for which you are applying:**Recruitment Number:****Answer the following Questions:**

1. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? ☐ YES ☐ NO
2. Have you ever been convicted by any court of a felony? ☐ YES ☐ NO

Explanations

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – if not signed, your application may be rejected.

I certify under penalty of perjury that the information I have entitled 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 all agencies to release any information they may have concerning the information provided on this supplemental application to the State of California.

Applicant's Signature

Date Signed