



# Department of State Hospitals

## Training & Experience Examination Instructions

### EXAMINATION INFORMATION

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

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE EXAMINATION

- Read the instructions on the Training & Experience Examination carefully before you begin.
- Please note that your overall score will be determined solely by the information you provide on this Training & Experience Examination. Information on your application will not be used to determine your final score.
- Please utilize the checklist below to complete the 4 sections in the examination.

#### Section 1: Employment/Education Verification

- Provide any previous and current Employment and/or Education information.
- Use the Employment/Education Verification information to complete Sections 2 and 3.

#### Section 2: Task Ratings

- EXPERIENCE/EDUCATION Column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have performed the item.
- FREQUENCY column: Using the Frequency Scale, provide the number that corresponds with the number of times you have performed the item.
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answers you provided under the Experience/Education and Frequency column for each item.

ITEM	EXPERIENCE / EDUCATION SCALE	FREQUENCY SCALE	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION			
	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	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			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"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		
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 type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		

#### Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

- EXPERIENCE/EDUCATION column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have applied the item.
- VERIFICATION column: Mark the appropriate verification Employment and/or Education box for each item that corresponds to the answers you provided under the Experience/Education column for each item.

ITEM	EXPERIENCE / EDUCATION SCALE	EXPERIENCE / EDUCATION	VERIFICATION			
	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		Employment (Emp)		Education (Edu)	
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		



# Department of State Hospitals

## Training & Experience Examination Instructions

**Section 4: Conditions of Employment**

- Mark the type of Appointment and Locations in which you are willing to work.

**Signature**

- Failure to include an original signature on page 3 of the examination may result in disqualification.

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

An example on how to fill out the Training & Experience Examination has been provided on the next page. For additional information on completing the Training & Experience Examination, [please click here](#).

Please submit your completed Training & Experience Examination, along with a State Application (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



# Training Program Specialist

## Training & Experience Examination

### 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 & Experience Examination 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 & Experience Examination 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: Employment/Education Verification

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

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

### EMPLOYMENT Employment 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 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 & EXPERIENCE EXAMINATION**

**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/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 1-2, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION 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 & EXPERIENCE EXAMINATION**

**Section 3: Knowledge, Skills, and Abilities (KSAs) 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/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 3-4, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</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 / EDUCATION</b>	<b>VERIFICATION</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__

SAMPLE

**\*\*INTENTIONALLY LEFT BLANK\*\***



# Automotive Equipment Operator I

## Training & Experience Examination

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Automotive Equipment Operator I examination consists of a Training & Experience Examination 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 & Experience Examination 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: Employment/Education Verification

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

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

#### EMPLOYMENT Employment 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 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 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 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 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 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 A**

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

#### **Education B**

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

#### **Education C**

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

**Education D**

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 Examination may be disqualified.**

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the individuals or educational institutions you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate employment and/or education 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 Examination, 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 statements I have made in this Examination are 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 & Experience Examination and a State Application (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

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

**MINIMUM QUALIFICATIONS**

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

Possession of a driver license valid for operation of any bus designed to carry more than 15 passengers, any single vehicle with three or more axles, any such vehicle towing another vehicle weighing less than 6,000 pounds gross. Applicants who do not possess this license will be admitted to the examination but must secure the license prior to appointment.

**AND**

One year of experience in the operation and care of automotive equipment, including light trucks.

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

**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/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 1-14, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**.  
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
1.	Maintain daily inventory of all equipment used, using weekly/quarterly reports and visual observation to ensure all are accounted for.				<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.	Conduct pre/post trip inspections on all facility vehicles using visual observation and appropriate tools to ensure operational safety before being dispatched.				<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.	Transport passengers (up to 15 passengers) by operating facility automobiles/busses to transport patients and outside contractors to on-and-off facility grounds to attend appointments and conduct other facility business 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_
4.	Pick up and deliver food and supplies within facility using proper truck dollies, freight carts, transit wheels, and other equipment.				<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_

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

ITEM	<b>EXPERIENCE / EDUCATION SCALE</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 SCALE</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	EXPERIENCE / EDUCATION	FREQUENCY	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
5.	Collect and distribute all linens used and needed within facility using delivery equipment/automobiles, as needed to designated areas.				<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_
6.	Perform manual labor duties using proper lifting, pushing, and pulling techniques in accordance with all 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_
7.	Operate large delivery vehicles, requiring class B license and air brake endorsement to transport materials and equipment.				<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_
8.	Operate passenger vehicles, requiring class B license, and passenger endorsement to transport 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_
9.	Pick-up medical waste/bio-hazardous items ensuring proper disposal of containers using proper dollies and other equipment.				<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_
10.	Oversee cleanliness of fleet vehicles, adhering to a daily/weekly maintenance schedule to ensure all vehicles are washed and cleaned.				<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_
11.	Collect all meals from kitchen areas using refrigerated trucks and re-therming units and deliver to facility dining areas 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_
12.	Pick-up and deliver freight and supplies from local businesses within 50 miles of facility using delivery automobiles.				<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_
13.	Pick-up and deliver materials (e.g., pharmaceuticals, office products) from facility storeroom using facility delivery automobiles and deliver to locations inside/outside the facility.				<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_

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</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 SCALE</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 / EDUCATION</b>	<b>FREQUENCY</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
14.	Pick-up and dispose of trash and other refuse from various areas of the facility using manual and motorized refuse collecting equipment to maintain cleanliness of facility.				<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_

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

**Section 3: Knowledge, Skills, and Abilities (KSAs) 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/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 15-24, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</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 / EDUCATION</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>15.</b>	Knowledge of safety principles and practices in the operation, service and making of minor adjustments/repairs on vehicles operated within classification (i.e. passenger vehicles, trucks).		<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>16.</b>	Knowledge of proper handling, loading/unloading, and transportation procedures for various types of 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>17.</b>	Knowledge of proper disposal methods for trash, biohazard materials, recyclable items, and cleaning supplies/chemicals.		<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>18.</b>	Knowledge of automotive maintenance requirements of an institutional-type organization.		<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_

**Automotive Equipment Operator I  
TRAINING & EXPERIENCE EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</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 / EDUCATION</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>19.</b>	Knowledge of the correct methods for controlling the spread of pathogens appropriate to job class and assignment.		<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>20.</b>	Ability to be flexible in adapting to changes in priorities, work assignments, and other issues that may impact pre-established courses of action for completing assignments.		<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>21.</b>	Ability to maintain vehicle/equipment maintenance logs, patient record logs, delivery slips, and daily vehicle inspection logs.		<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>22.</b>	Ability to identify, analyze, and evaluate situations or problems to implement appropriate courses of 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_
<b>23.</b>	Ability to load and unload vehicles correctly and safely.		<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>	Ability to safely operate passenger vehicles, trucks, forklifts, and other automotive equipment.		<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)

### Automotive Equipment Operator I TRAINING & EXPERIENCE EXAMINATION

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

Select at least one of the following types of appointment options:

**1. On a permanent basis, I am willing to work:**

- Full-Time  Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)
- Part-Time (12 months per year, less than 40 hours/week)

**2. On a temporary basis, I am willing to work:**

- Full-Time  Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)
- Part-Time (12 months per year, less than 40 hours/week)

### LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- San Luis Obispo County  
DSH – Atascadero
- Fresno County  
DSH – Coalinga
- Los Angeles County  
DSH – Metropolitan (Norwalk, CA)
- Napa County  
DSH – Napa
- San Bernardino County  
DSH – Patton



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