



# 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:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | I have performed this task:<br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>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<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><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<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><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:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>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<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><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<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><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<br>I have performed this task for:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | FREQUENCY SCALE<br>I have performed this task:<br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION<br>Employment (Emp)/<br>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<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><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<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><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.

| ITEM | EXPERIENCE / EDUCATION SCALE<br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | EXPERIENCE / EDUCATION | VERIFICATION<br>Employment (Emp)/<br>Education (Edu)   |
|------|---|------------------------|--|
| 3.   | Knowledge of training techniques to ensure informative and engaging discussions for various audiences.  | 3                      | <input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__ |
| 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"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__            |

SAMPLE

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



# Communications Supervisor

## 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 Communications Supervisor 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

**Communications Supervisor  
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:

**EITHER I**

Experience: One year of experience in the California state service performing the duties comparable to a Communications Operator, Range B.

**OR II**

Experience: Three years of experience in dispatching for a department for emergency vehicles by radio/telephone.

**OR III**

Experience: Four years of progressively responsible experience in a large dispatch center for dispatching police, forestry, or fire vehicles, one year of which must include supervision of subordinate communications personnel.

**Communications Supervisor  
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 1-26, 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   | FREQUENCY SCALE   | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION  |  |
|------|--|---|------------------------|-----------|---|--|
|      | I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times |                        |           | Employment (Emp)/   | Education (Edu)  |
| 1.   | Planning, organizing and directing miscellaneous communication functions and assignments to a group of communications staff to ensure efficient facility operations.   |   |                        |           | <input type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D |
| 2.   | Instructing, supervising, and directing the performance of communications staff operating in a Communications Center to ensure tasks are being completed according to facility policies and procedures.                                    |   |                        |           | <input type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D |
| 3.   | Ensuring that Communications Center staff is compliant with all required mandatory training and provide leadership that develops staff for current and future work assignments.  |   |                        |           | <input type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 4.          | Scheduling assigned staff work shifts and ensure shift assignments provide adequate coverage in the dispatch center and telephone office.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 5.          | Providing orientation of policies and procedures utilized in the Communications Center to newly hired staff.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 6.          | Maintaining reference material for dispatching operations available to all Communications Center staff and review reports, records, and other information for accuracy, completeness and compliance with established facility and departmental standards.                         |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 7.          | Developing a variety of reports and conduct studies to evaluate data on crime, arrests, citations, missing cases, and any activities subject to audit and analysis according to facility policies and procedures.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 8.          | Prioritizing events and work assignments and communicating to staff to ensure critical tasks are completed within deadlines.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 9.          | Reading and disseminating technical materials pertaining to department or unit operations (e.g., policies, procedures, laws) and properly apply information to work assignments and communications staff.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 10.         | Overseeing any necessary maintenance to equipment in the Communications Center including installations, moves, or repairs to ensure efficient unit operations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 11.         | Overseeing the proper monitoring of facility radio frequencies and dispatch functions for the Hospital Police Department and maintain a log of all radio traffic.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 12.         | Overseeing the processing of California Law Enforcement Telecommunications System (CLETS) and disseminate information to appropriate personnel for efficient unit operations.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 13.         | Overseeing the monitoring of traffic on the scanner and report pertinent information to police officers as necessary to ensure safe facility operations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 14.         | Ensuring emergency response and/or law enforcement agencies are being contacted as needed to ensure safe facility operations.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 15.         | Overseeing the monitoring of fire and security alarm systems and follow through with notifications and responses as required.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 16.         | Advising and instructing facility staff on the proper use of communications equipment (e.g., telephones, pagers, cellular telephones, radios) to ensure efficient facility operations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 17.         | Ensuring personnel are located in a timely manner as needed, utilizing in-house paging, pagers, cellular phones, or radio Personnel Direct Alarm system   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 18.         | Assisting with the selection of new communications staff according to facility policies and procedures.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 19.         | Communicating performance standards and expectations to staff to ensure facility policies and procedures are followed.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 20.         | Reviewing performance appraisals of communications staff and recommend appropriate action which may include commendations, adverse action, or other administrative response.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 21.         | Adhering to and enforce that all Communication Operators, Telephone Operators, and Dispatch Clerks conform to departmental regulations and guidelines in relation to bargaining unit contracts and Equal Employment Opportunity (EEO) objectives.                                 |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 22.         | Developing and implementing training needs of communications staff in the operation of radio/telephone receivers, transmitters, teletypewriters and related equipment (e.g., teleprinters, computer-aided dispatching) according to facility policies and procedures.             |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 23.         | Working with and assisting communications staff in learning radio transmission codes, local geography, facility structure and organization to ensure efficient unit operations.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 24.         | Maintaining and promoting a safety program that includes safety training, safety operations, accident investigations, accident prevention, and new employee orientation according to facility policies and procedures.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 25.         | Assessing and providing corrective action to assigned staff (e.g., Communications Operators) on health and safety related issues according to facility policies and procedures.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| <b>26.</b>  | Complying with legal mandates (e.g., California Law Enforcement Telecommunications System [CLETS] Compliance, HIPAA) which govern facility operations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
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 27-50, 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><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than five years<br><b>3</b> - More than three years and up to five years<br><b>2</b> - More than one year and up to three years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------------------|---|
| <b>27.</b>  | Knowledge of telecommunications systems including California Law Enforcement Telecommunications System (CLETS).   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>28.</b>  | Knowledge of applicable law enforcement codes and regulations (e.g., penal code, California Law Enforcement Telecommunications System [CLETS]).   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>29.</b>  | Knowledge of Radio Standard Operating Procedure (e.g., 10 code) policy and procedures.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>30.</b>  | Knowledge of National Crime Information Center policy and procedures as they relate to a Communications Center.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|--|-------------------------------|---|
| 31.         | Knowledge of computer-aided dispatch systems and their proper operation.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 32.         | Knowledge of a supervisor's role in personnel management, employee development, and disciplinary procedures.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 33.         | Knowledge of filing and records management systems in order to maintain important information and work project materials organized.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 34.         | Knowledge of word processing software to write memos, reports, and electronic correspondences to effectively communicate with staff and management.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 35.         | Ability to write memos, reports, policies, procedures, and letters using proper grammar, punctuation, and sentence structure that can be clearly understood by others.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 36.         | Knowledge of a supervisor's role in Equal Employment Opportunity (EEO) objectives and the processes available to meet EEO objectives.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 37.         | Ability to successfully contribute and comply with the department's Equal Employment Opportunity (EEO) laws and objectives.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 38.         | Ability to efficiently prioritize and complete of multiple simultaneous projects and assignments under stress and maintain composure.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 39.         | Ability to prioritize multiple calls, establish priorities based on urgency, and take appropriate action.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|--|-------------------------------|---|
| 40.         | Ability to analyze situations accurately, consider the relative costs and benefits of potential acts and adopt an appropriate and effective course of action.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 41.         | Ability to document incidents and written reports accurately so it can be easily understood by others.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 42.         | Skill to plan, assign, and direct the work of communication staff members to effectively supervise an area of responsibility.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 43.         | Ability to train, instruct, and lead the work of Communication Operators, Telephone Operators, and Dispatch Clerks and any other applicable communications staff.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 44.         | Ability to motivate, coach, and direct staff in the performance of their work to improve the work environment, the quality of work, and productivity.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 45.         | Ability to review and impartially evaluate the work performance of assigned staff using objective measures and counsel in proper work methods and procedures as necessary.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 46.         | Ability to determine and apply appropriate corrective and or disciplinary action of staff as appropriate.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 47.         | Ability to properly operate radio console, teletype, and other radio room equipment as needed.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 48.         | Ability to clearly enunciate and use a well-modulated voice for communication tasks and radio transmissions.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Communications Supervisor  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than five years<br><b>3</b> - More than three years and up to five years<br><b>2</b> - More than one year and up to three years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------------------|---|
| <b>49.</b>  | Ability to hear at a level necessary to perform the duties of the position during the presence of significant background noise.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>50.</b>  | Ability to demonstrate emotional stability, patience, tact, and impartiality in handling disturbances and confrontations.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

## Section 4: Conditions of Employment

DEPARTMENT OF STATE HOSPITALS  
CONDITIONS OF EMPLOYMENT  
FORM 631(11/12)

### Communications Supervisor 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

- DSH – Atascadero  
Atascadero, CA
- DSH – Coalinga  
Coalinga, CA
- DSH – Metropolitan  
Norwalk, CA
- DSH – Napa  
Napa, CA
- DSH – Patton  
Patton, CA



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.