



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 (**Paid or Unpaid**) and/or Education information.
- Use the Employment/Education Verification information to complete Sections 2 and 3.

Section 2: Task Ratings

- EXPERIENCE Column: Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

EXPERIENCE				VERIFICATION				
Extensive Experience – I have performed this task independently. Moderate Experience – I have occasionally performed this task, but may require assistance. Basic Experience – I have only received basic education/formal training in performing this task. No Experience – I do not have any experience performing this task.				Extensive Experience	Moderate Experience	Basic Experience	No Experience	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.	x				<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.		x			<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

- KNOWLEDGE column: Mark the appropriate box for the level of Knowledge you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

KNOWLEDGE				VERIFICATION				
Extensive Knowledge – I have knowledge at a level to perform this statement independently. Moderate Knowledge – I have knowledge to perform this statement, but may require assistance. Basic Knowledge – I have limited knowledge of how to perform this statement. No Knowledge – I do not have knowledge of how to perform this statement.				Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<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.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<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 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832



Training Program Specialist (SAMPLE)

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 (SAMPLE)
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.

For items 1-2, provide responses regarding your:

- **EXPERIENCE** - Mark the appropriate box for the level of experience (paid or unpaid) you have performing the item.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of experience provided for each item below.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE				VERIFICATION		
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu) (Select all that apply)
<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>						
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		x			<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.			x		<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 (SAMPLE)
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.

For items 3-4, provide responses regarding your:

- **KNOWLEDGE** - Mark one box for your level of Knowledge of the item described.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of Knowledge selected below.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

KNOWLEDGE					VERIFICATION	
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu) (Select all that apply)
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>						
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<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__
4.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<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__

****INTENTIONALLY LEFT BLANK****



Hospital Worker

Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Hospital Worker 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 **paid or unpaid** 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 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832

**Hospital Worker
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:

Please see the Job Characteristics and Special Personal Characteristics sections on the examination bulletin.

**Hospital Worker
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.

For items 1-12, provide responses regarding your:

- **EXPERIENCE** - Mark the appropriate box for the level of experience (paid or unpaid) you have performing the item.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of experience provided for each item below.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE					VERIFICATION	
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu) (Select all that apply)
	Extensive Experience – I have performed this task independently. Moderate Experience – I have occasionally performed this task, but may require assistance. Basic Experience – I have only received basic education/formal training in performing this task. No Experience – I do not have any experience performing this task.					
1.	Escorting patients by taking them to medical appointments for medical care 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_
2.	Performing routine housekeeping tasks by mopping floors, cleaning bathrooms, etc., to maintain an uncluttered and sanitary environment.					<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.	Receiving and distributing clean linen and clothing to patients by counting, folding, and storing items.					<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.	Providing clean bedding by removing soiled linens and replacing them with laundered bedding.					<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_
5.	Transporting food to and from a hospital unit using dining carts to provide meals to 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_
6.	Assisting with meal service in the dining room to ensure sufficient staff to patient ratio's by performing counts.					<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_

**Hospital Worker
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

EXPERIENCE					VERIFICATION					
<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>					Extensive Experience	Moderate Experience	Basic Experience	No Experience	<p>Employment (Emp)/ Education (Edu)</p> <p>(Select all that apply)</p>	
7.	Assisting patients with activities, such as, bathing, dressing, eating, etc. to encourage independence and self-reliance.								<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.	Preparing laundry bins by sorting soiled linen and clothing for cleaning.								<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.	Conducting off-unit errands by procuring items from supply room or other units in the hospital as items are 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_	
10.	Monitoring patients during their predetermined laundry schedule to ensure proper operation of washer and dryer.								<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.	Cleaning furniture and fixtures by dusting, polishing, etc. to remove dirt and clutter at the end of each shift.								<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_	

**Hospital Worker
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.

For items 13-23, provide responses regarding your:

- **KNOWLEDGE** - Mark one box for your level of Knowledge of the item described.
- **VERIFICATION** - Mark the appropriate employment or education from Section 1 that verifies your level of Knowledge selected below.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience. You may use paid or unpaid experience. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

KNOWLEDGE						VERIFICATION	
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)	
						(Select all that apply)	
12.	Ability to remain emotionally stable in a potentially volatile work environment.					<input 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
13.	Ability to be observant and alert in order to keep the hospital setting safe.					<input 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
14.	Ability to follow strict instructions to maintain the health and safety of patients and staff.					<input 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
15.	Ability to work in a team setting.					<input 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
16.	Ability to remain flexible to adjust to sudden changes in assignments.					<input 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
17.	Ability to demonstrate tact to avoid or prevent the escalation of challenging or confrontational situations with patients or coworkers.					<input 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

**Hospital Worker
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

KNOWLEDGE					VERIFICATION					
Extensive Knowledge – I have knowledge at a level to perform this statement independently. Moderate Knowledge – I have knowledge to perform this statement, but may require assistance. Basic Knowledge – I have limited knowledge of how to perform this statement. No Knowledge – I do not have knowledge of how to perform this statement.					Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu) (Select all that apply)	
18.	Skill to perform routine, repetitive, and frequently disagreeable tasks which protect the health and safety of patients and staff.								<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_	
19.	Ability to read and write English at a level appropriate to the classification.								<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)

Hospital Worker 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 9th Street, Room 121, Sacramento CA 95814 or (916) 651-8832.