





# 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**

**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\*\***



# Medical Record Director

## 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 Medical Record Director 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): \_\_\_\_\_

























## Section 4: Conditions of Employment

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

### Medical Record Director 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 – Coalinga  
Coalinga, 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.