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 I have performed this task for: **4** - More than five years **3** - More than three years and up to five years **2** - More than one year and up to three years **1** - More than six months and up to one year **0** - Zero to six months	FREQUENCY SCALE I have performed this task: **4** - More than 30 times **3** - At least 21-30 times **2** - At least 11-20 times **1** - At Least 1-10 times **0** - 0 times	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)	
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		2	2	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__	☐ Edu A ☐ Edu B ☐ Edu C ☐ 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	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__	☒ Edu A ☐ Edu B ☐ Edu C ☐ 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 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	EXPERIENCE / EDUCATION	VERIFICATION Employment (Emp)/ Education (Edu)	
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__	☒ Edu A ☐ Edu B ☐ Edu C ☐ Edu D
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__	☐ Edu A ☐ Edu B ☐ Edu C ☐ 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

SAMPLE

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

SAMPLE

Section 2: Task Ratings

Instructions:
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

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

For items 1-2, provide responses regarding your:

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

ITEM	EXPERIENCE / EDUCATION SCALE I have performed this task for: **4** - More than five years **3** - More than three years and up to five years **2** - More than one year and up to three years **1** - More than six months and up to one year **0** - Zero to six months	FREQUENCY SCALE I have performed this task: **4** - More than 30 times **3** - At least 21-30 times **2** - At least 11-20 times **1** - At Least 1-10 times **0** - 0 times	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		2	2	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__ ☐ Edu A ☐ Edu B ☐ Edu C ☐ 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	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__ ☒ Edu A ☐ Edu B ☐ Edu C ☐ Edu D

SAMPLE

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 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	EXPERIENCE / EDUCATION	VERIFICATION Employment (Emp)/ Education (Edu)
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__ ☒ Edu A ☐ Edu B ☐ Edu C ☐ Edu D
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	☒ Emp A ☐ Emp B ☐ Emp C ☐ Emp D ☐ Emp__ ☐ Edu A ☐ Edu B ☐ Edu C ☐ Edu D

SAMPLE

INTENTIONALLY LEFT BLANK

SAMPLE

Physical Therapist II

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 Physical Therapist II 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: _____

<u>CERTIFICATION – IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING</u> – 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:

<u>Mail or Hand Deliver to:</u>

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO
SELECTION SERVICES UNIT
1600 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832

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

One year of experience in the California state service performing the duties of a Physical Therapist I or Physical Therapist I, Departments of Mental Health and Developmental Services.

OR II

Possession of the legal requirements for the practice of physical therapy in California as determined by the California Board of Medical Quality Assurance.

And

One year of supervised physical therapy experience.

And

Graduation from a recognized school of physical therapy.

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 1-10, provide responses regarding your:

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

ITEM	EXPERIENCE / EDUCATION SCALE I have performed this task for: **4** - More than three years **3** - More than two years and up to three years **2** - More than one year and up to two years **1** - More than six months and up to one year **0** - Zero to six months	FREQUENCY SCALE I have performed this task: **4** - More than 30 times **3** - At least 21-30 times **2** - At least 11-20 times **1** - At Least 1-10 times **0** - 0 times	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
1.	Plan the physical therapy treatment for referred patients as part of a complete treatment plan.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
2.	Coordinate physical therapy treatment for referred patients.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
3.	Provide training to physical therapy students and unit staff for the purpose of operating a physical therapy program.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
4.	Implement physical therapy treatment for referred patients.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_

Physical Therapist II
TRAINING & EXPERIENCE EXAMINATION

Name: _____

ITEM	EXPERIENCE / EDUCATION SCALE I have performed this task for: **4** - More than three years **3** - More than two years and up to three years **2** - More than one year and up to two years **1** - More than six months and up to one year **0** - Zero to six months	FREQUENCY SCALE I have performed this task: **4** - More than 30 times **3** - At least 21-30 times **2** - At least 11-20 times **1** - At Least 1-10 times **0** - 0 times	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
5.	Evaluate and analyze physical therapy treatment for referred patients.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
6.	Maintain clinical notes and records.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
7.	Incorporate physical therapy treatment into the integrated treatment plan.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
8.	Schedule patients for physical therapy clinics and services to ensure that timely and adequate treatment is received.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
9.	Maintain and monitor prosthetic and orthotic equipment given to patients.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
10.	Maintain physical therapy equipment and quarters by advising appropriate personnel when repairs are needed.				☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_

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 11-24, provide responses regarding your:

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

ITEM	**EXPERIENCE / EDUCATION SCALE** I have applied this knowledge, skills, and/or abilities for: **4** - More than three years **3** - More than two years and up to three years **2** - More than one year and up to two years **1** - More than six months and up to one year **0** - Zero to six months	EXPERIENCE / EDUCATION	**VERIFICATION** Employment (Emp)/ Education (Edu)
11.	Knowledge of principles and practices of physical therapy treatment.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
12.	Knowledge of skeletal anatomy and the basic pathology involved in diseases or injuries to recommend and provide appropriate treatment.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
13.	Knowledge of principles of effective supervision to effectively work with hospital staff, external contractors, and patients in a physical therapy program.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
14.	Knowledge of operations of therapeutic machines and the physical effects.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_

Name: _____

ITEM	**EXPERIENCE / EDUCATION SCALE** I have applied this knowledge, skills, and/or abilities for: **4** - More than three years **3** - More than two years and up to three years **2** - More than one year and up to two years **1** - More than six months and up to one year **0** - Zero to six months	EXPERIENCE / EDUCATION	**VERIFICATION** Employment (Emp)/ Education (Edu)
15.	Knowledge of current first aid techniques to administer emergency care and treatment.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
16.	Ability to administer various types of physical therapy to be used in patient treatment.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
17.	Ability to teach the disabled the fundamentals of self-care and other suitable activities.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
18.	Ability to interpret physical therapy treatments to nurses, attendants, parents and patients.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
19.	Ability to prepare reports to keep records and case histories.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
20.	Ability to analyze situations accurately in order to take effective action.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
21.	Ability to communicate effectively both verbally and in writing.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
22.	Ability to observe and accurately record patient's signs, symptoms, and behavior to discern progress or lack thereof toward treatment goals.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_
23.	Ability to provide a safe, secure, and healthy environment for patients.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_

Name: _____

ITEM	**EXPERIENCE / EDUCATION SCALE** I have applied this knowledge, skills, and/or abilities for: **4** - More than three years **3** - More than two years and up to three years **2** - More than one year and up to two years **1** - More than six months and up to one year **0** - Zero to six months	EXPERIENCE / EDUCATION	**VERIFICATION** Employment (Emp)/ Education (Edu)
24.	Ability to train, direct, and evaluate the work of others.		☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D ☐ Emp_

Section 4: Conditions of Employment

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

Physical Therapist II
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

☐ Part-Time (12 months per year, less than 40 hours/week)

☐ Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)

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

☐ Full-Time

☐ Part-Time (12 months per year, less than 40 hours/week)

☐ Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)

LOCATIONS IN WHICH YOU ARE WILLING TO WORK

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