



DEPARTMENT OF STATE HOSPITALS

Training and Experience Assessment Instructions

EXAM INFORMATION

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

HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out all of your personal information truthfully and to the best of your knowledge.
- Read and complete each page and section in the assessment.
 - **Section 1: Employment/Education Verification**
 - Provide any previous and current Employment and/or Education information.
 - **Section 2: Task Ratings**
 - Respond to all items using the Experience scale provided AND mark the boxes for Verification of Employment/Education.
 - **Section 3: Knowledge Ratings**
 - Respond to all items using the Knowledge scale provided AND mark the boxes for Verification of Employment/Education.
 - **Section 4: Conditions of Employment**
 - Include Type of Appointment and Locations in which you are willing to work.

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

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

Mail or Hand Deliver to:

DEPARTMENT OF STATE HOSPITALS - ATASCADERO
EMPLOYMENT OFFICE
10333 EI CAMINO REAL
P.O. BOX 7005
ATASCADERO, CA 93423-7005
805-468-3384

***Remember to sign your Training and Experience Assessment as well as your standard State Application Form, STD. 678. Failure to include original signature may result in disqualification.**

An example on how to fill out your Training and Experience Assessment has been provided on the next page.



Training Program Specialist

Training and Experience Assessment

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 and Experience Assessment 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 and Experience Assessment 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 AND EXPERIENCE ASSESSMENT**

WORK EXPERIENCE

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 Experience (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please include paid and/or unpaid volunteer experience.

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

EXPERIENCE				VERIFICATION		
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)
<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
TRAINING AND EXPERIENCE ASSESSMENT**

WORK EXPERIENCE

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 the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in Section 1: Employment/Education Verification. Please include paid and/or unpaid volunteer experience.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).

KNOWLEDGE		VERIFICATION				
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)
<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__



Psychiatric Technician Trainee (Safety)

Training and Experience Assessment

Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Psychiatric Technician Trainee (Safety) examination consists of a Training and Experience Assessment 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 and Experience Assessment 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 assessment may be rejected.

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 assessment, 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 assessment is 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 and Experience Assessment, and a State Application Form (STD. 678) as follows:

Mail or Hand Deliver to:

DEPARTMENT OF STATE HOSPITALS - ATASCADERO
EMPLOYMENT OFFICE
10333 EI CAMINO REAL
P.O. BOX 7005
ATASCADERO, CA 93423-7005
805-468-3384

Psychiatric Technician Trainee (Safety)
TRAINING AND EXPERIENCE ASSESSMENT

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 Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

Enrollment in a Psychiatric Technician training program accredited by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

(Applicants who are eligible for enrollment in an accredited program will be admitted to the examination and may be appointed in the next lower class of Psychiatric Technician Training Candidate, but they must be enrolled before they will be eligible for appointment to this class.)

AND

Education: Equivalent to completion of the 12th grade.

(Enrollment as a senior in the last semester of high school will admit applicants to the examination, but they must submit evidence of completion before they can be considered eligible for appointment.)

**Psychiatric Technician Trainee (Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

WORK EXPERIENCE

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 1-7, provide responses regarding your:

- “Experience” - mark the appropriate box for Experience (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please include paid and/or unpaid volunteer experience.

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

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	Employment (Emp)/ Education (Edu)		
		1.	Encourage patients to participate in social or recreational activities that enhance interpersonal skills or develop social relationships.					<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.	Observe and monitor patient behavior and interactions during therapeutic sessions in order to report changes in patient behavior and physical condition to the supervisor.					<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.	Provide supervisor written documentation of any changes for review, accuracy, and approval.					<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.	Count all supplies (e.g., trimmers, shavers, sharps, scissors) in the beginning of each shift change to prevent their use as weapons.					<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.	Assist in emergency situations (e.g., during a fire drill, check rooms and cross names off list, respond to emergency alarms).					<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_		

**Psychiatric Technician Trainee (Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

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	Employment (Emp)/ Education (Edu)
6.	Communicate with Supervisor regularly to ask questions and/or acquire necessary training information to carry out assignments.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
7.	Maintain and update files to ensure accuracy and confidentiality.					<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_

**Psychiatric Technician Trainee (Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

WORK EXPERIENCE

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 8-21, provide responses regarding your:

- “Knowledge” - mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please include paid and/or unpaid volunteer experience.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).

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)	
						Emp A	Edu A
8.	Basic general and psychiatric nursing care.					<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.	Arithmetic computations including fractions.					<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.	Metric system to assist with nursing care.					<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.	Spelling and grammar in order to communicate with various 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_	
12.	Maintain proper hygiene (e.g., sanitizing, washing hands) to ensure safety of self and others.					<input type="checkbox"/> Emp A	<input type="checkbox"/> Edu A
						<input type="checkbox"/> Emp B	<input type="checkbox"/> Edu B
						<input type="checkbox"/> Emp C	<input type="checkbox"/> Edu C
						<input type="checkbox"/> Emp D	<input type="checkbox"/> Edu D
						<input type="checkbox"/> Emp_	
13.	Take notes and obtain licensed staff co-signature for all documentation.					<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_	

**Psychiatric Technician Trainee (Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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)	
					14.	Provide written documentation of notes and records to supervisor for review and approval.				
15.	Maintain the confidence and cooperation of others in order to establish and maintain good working relationships.					<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_				
16.	Relay your whereabouts at all times to ensure accountability.					<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_				
17.	Adapt to changing work demands and priorities in order to meet deadlines.					<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_				
18.	Observe, receive, and obtain information from all relevant sources.					<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.	Receive instructions and follow directions in the course of completing assigned task and assignments.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_				
20.	Communicate effectively between health care professionals and provide adequate documentation.					<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_				
21.	Read and comprehend basic written materials (e.g. references, summaries, memos, letters).					<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)

Psychiatric Technician Trainee (Safety) TRAINING AND EXPERIENCE ASSESSMENT

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

- Permanent/Full Time
- Other than Permanent/Full Time
- Both

LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- DSH – Atascadero
Atascadero, CA
- DSH – Coalinga
Coalinga, CA



Please notify the Department of State Hospitals, Human Resources Branch promptly of address or location preference changes at 1600 9th Street, Room 121, Sacramento CA 95814 or (916) 651-8832.