



DEPARTMENT OF STATE HOSPITALS

Training and Experience Assessment Instruction

EXAMINATION INFORMATION

All parts of this examination belong to the Department of State Hospitals. Copying or making any record of any parts of this examination is against the law.

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.
- Include any previous and current Employment and/or Education References.
- Make sure you answer all items AND ensure an Employment and/or Education box is checked in the appropriate box for each item.
- Use the rating scales provided to indicate under the column “Experience,” the number of years you have performed each statement.
- Use the rating scales provided to indicate under the column “Frequency,” the number of times you have performed each statement.
- Under the column “References,” identify an Employment(s) and/or Education reference(s) for each statement.
- Make sure you do not skip any pages in the assessment. Check the page and item numbers as you work through the assessment.
- **NOTE: INCORRECT MARKS OR BLANK REPSONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE.**

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

***Remember to sign your Training and Experience Assessment as well as your standard State Application Form, STD. 678.**

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

**Training Program Specialist
TRAINING AND EXPERIENCE ASSESSMENT**

WORK EXPERIENCE

Section 2: KSA Ratings

Instructions:

Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

Note to Applicant: Please read carefully. Utilizing the scales provided, for items 3-4, indicate under "Experience," the number of years you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	Experience 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	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	<input checked="" type="checkbox"/> EMP 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	<input checked="" type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__



Supervising Special Investigator II

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 Supervising Special Investigator II 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 facilities 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 hiring process, your phone numbers are required*****

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

*****Verification References*****

Provide references that correspond with the ratings you provide in this examination. Prior to receiving an offer for employment, these references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

EMPLOYMENT

Employment Reference 1

Job Title: _____

Organization Name and Address: _____

Dates Worked: 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 Reference 2

Job Title: _____

Organization Name and Address: _____

Dates Worked: 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 Reference 3

Job Title: _____
Organization Name and Address: _____
Dates Worked: 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 Reference 4

Job Title: _____
Organization Name and Address: _____
Dates Worked: 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 Reference 5

Job Title: _____
Organization Name and Address: _____
Dates Worked: 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 Reference 6

Job Title: _____
Organization Name and Address: _____
Dates Worked: 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 Reference 1

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: From: _____ To: _____

Education Reference 2

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: From: _____ To: _____

Education Reference 3

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: From: _____ To: _____

Education Reference 4

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended: From: _____ To: _____

VERY IMPORTANT: PLEASE READ THIS ENTIRE SECTION CAREFULLY.

Before a hiring decision will be made, your responses to exam questions will be verified. A hiring manager or personnel staff member may contact the references you have provided to confirm job dates, experiences, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact information may significantly limit our ability to make a job offer.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided, you may be disqualified from this process, 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 the statements I have made in this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications.

Signature

Date

FILING INSTRUCTIONS:

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