



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****



Vocational Instructor (Landscaping Gardening-Safety)

Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Dental Assistant (Safety) 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

Vocational Instructor (Landscaping Gardening-Safety)
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:

Credential: Possession of a valid California teaching credential which authorizes the holder to teach, on a full-time basis, a vocational course in the appropriate subject specialty or landscaping gardening subspecialty. Applicants who do not possess this credential may take the examination, but must meet the requirements and have an application on file with the Commission on Teacher Credentialing for the appropriate credential before an appointment can be made and must secure the credential within 120 working days after appointment. After issuance, the credential must be maintained by completion of any required examinations of course work.

**Vocational Instructor (Landscaping Gardening-Safety)
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)
	<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.	Assist with preparing students (patients/clients) to become productive and contributing members of society by training them in a trade or vocational skill.					<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.	Teach landscape gardening techniques to students (patients/clients) in order to prepare them for job opportunities and become productive and contributing members of society.					<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.	Set up and maintain a safe, clean and organized training environment with the necessary materials in order to effectively teach landscaping techniques and assist students (patients/clients) to become productive and contributing members of society.					<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.	Direct training activities such as tool maintenance and other basic landscape skills within designated training areas for the purpose of preparing students (patients/clients) to become productive and contributing members of society.					<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.	Develop training curriculum, task analysis and safety procedures to provide a multi-faceted vocational education program.					<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_

**Vocational Instructor (Landscaping Gardening-Safety)
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>	
6.	Maintain equipment and supplies used as part of the vocational program.					<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.	Develop tasks and activities to gauge student (patient/client) progress as noted in monthly 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_	
8.	Conduct group activities by utilizing behavior management techniques in order to promote treatment goals.					<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.	Support a safe and hazard-free workplace through practice of personal safety and vigilance in the identification of safety or security hazards.					<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.	Participate on an interdisciplinary treatment team to maintain active and supportive communication with the patients and other members of the treatment team by discussing progress, problems, and other issues related to the patient's vocational program.					<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.	Manage a budget to purchase materials, tools and equipment by coordinating program mechanics with security regulations for approval of items purchased.					<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.	Coordinate efforts of staff assigned to the site by scheduling classes, procuring materials, and planning lessons to provide a cohesive and successful vocational education program.					<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_	

**Vocational Instructor (Landscaping Gardening-Safety)
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	
		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>					
13.	Knowledge of the methods, materials, tools, machines, equipment, and safety principles involved in teaching Landscape Gardening.					<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_
14.	Ability to maintain sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful and emergency situations encountered on the job without endangering their own health and well-being or 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_
15.	Ability to perform the duties of a journeyman in Landscape Gardening.					<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.	Ability to provide leadership and motivation to students (patients/clients).					<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_

**Vocational Instructor (Landscaping Gardening-Safety)
TRAINING & EXPERIENCE EXAMINATION**

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	<p>Employment (Emp)/ Education (Edu)</p> <p>(Select all that apply)</p>
17.	Ability to teach and supervise students (patients/clients) Landscape Gardening skills.								<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.	Ability to work effectively with other disciplines.								<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 estimate and order supplies.								<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.	Ability to analyze situations accurately and take effective action.								<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.	Ability to maintain fair and firm discipline.								<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_
22.	Ability to keep records and prepare reports.								<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_
23.	Ability to communicate effectively both verbally and in writing with 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_

Section 4: Conditions of Employment

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

Dental Assistant (Safety) 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.