



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:** Verification References
 - Provide any previous and current Employment and/or Education References.
 - **Section 2:** Task Ratings
 - Score all items using the Experience and Frequency scales provided AND mark the boxes for References.
 - **Section 3:** Knowledge, Skills, and Abilities (KSAs) Ratings
 - Score all items using the Experience scale provided AND mark the boxes for References.
 - **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 - 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. 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: Verification References

Complete the Verification References below. Include any previous and current Employment and/or Education References that may apply to this examination. You will use this information to complete Sections 2 and 3.

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 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 Reference 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.

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-2, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| 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 | FREQUENCY 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 | FREQUENCY | REFERENCES 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 | <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. | | 2 | 1 | <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: KSA 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 and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 3-4, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| ITEM | EXPERIENCE 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 | 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 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. | Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding. | 2 | <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__ |



Health and Safety Officer

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 Health and Safety Officer 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: Verification References

Complete the Verification References below. Include any previous and current Employment and/or Education References that may apply to this examination. You will use this information to complete Sections 2 and 3.

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 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference A

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference B

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference C

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference E

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 references you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact 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 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. 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-SACRAMENTO
SELECTION SERVICES UNIT
1600 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications on his/her application by the established cut-off date. 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:

EITHER I

In the California state service, one year of experience performing the duties equivalent to a Staff Services Analyst, Range C. (Persons applying experience toward this pattern must have had a full-time assignment in California state service performing health and safety activities.)

OR II

Experience: Two years of increasingly responsible technical program experience beyond the trainee level in environmental health or occupational safety improvement activities. (Experience in a capacity other than safety officer in a large Government agency or major private industry is considered qualifying if health or safety activities occupied a major portion of the time.)

AND

Education: Equivalent to graduation from college. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

**Health and Safety Officer
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.

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

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-28, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| ITEM | EXPERIENCE 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 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 | FREQUENCY | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|---|-------------------|------------------|---|
| 1. | Develop, plan, and organize injury prevention programs to meet specific facility needs in relation to the impact on patient care, employee issues, grounds, building, and/or occupants. | | | | <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. | Manage injury prevention programs to meet facility needs in compliance with federal, state, local laws, policies and procedures. | | | | <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. | Recommend facility modifications and practices based on deficiencies in standards to develop safer working conditions and improve work environment. | | | | <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. | Review and evaluate reports on accidents which may involve Workers' Compensation benefits to determine impact to the facility. | | | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

| ITEM | EXPERIENCE 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 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 | FREQUENCY | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|---|-------------------|------------------|---|
| 5. | Develop, and manage Workers' Compensation, including policies, procedures and guidelines in compliance with State and Federal regulations. | | | | <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_ |
| 6. | Investigate and respond to California Occupational Health and Safety Administration (CalOSHA) complaints to determine appropriate resolution. | | | | <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. | Conduct safety surveys to identify, evaluate and ensure correction of occupational health and safety and 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_ |
| 8. | Maintain and provide reports relating to California Occupational Health and Safety Administration (CalOSHA) in regards to employer's report of occupational injury in order to track trends and make recommendations to policies and procedures. | | | | <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. | Prepare quarterly Performance Improvement and Environment of Care (EC) Reports for requirements related to standards compliance. | | | | <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. | Identify trends and relevant Environment of Care (EC) information from injury statistics and EC reports to determine and prevent future health and safety issues. | | | | <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. | Oversee facility hearing conservation, defensive driving, heat protection, respiratory protection, lead management program and maintain compliance with California Occupational Health and Safety Administration (CalOSHA) regulations. | | | | <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. | Review and investigate industrial injuries, identifying potential trends and recommend corrective actions for unsafe practices or conditions. | | | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

| ITEM | EXPERIENCE 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 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 | FREQUENCY | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|---|-------------------|------------------|---|
| 13. | Remedy unsafe working conditions found in facility by taking appropriate action as dictated by federal, state, and local laws, policies and procedures. | | | | <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. | Train all facility staff on Workers' Compensation and Safety Data Sheets in accordance with facility training center standards and policies. | | | | <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. | Oversee Personal Protective Equipment (PPE) to ensure all employees are aware of and using the appropriate PPE for the type of job being performed. | | | | <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. | Work with appropriate departments to develop and implement a program for managing hazardous materials, including waste management, underground tank monitoring, Polychlorinated Biphenyls (PCB), and asbestos management in compliance with California Occupational Health and Safety Administration (CalOSHA) regulations. | | | | <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. | Work with appropriate departments to oversee that applicable licensing, certification, and accreditation requirements in regards to hazardous materials meet facility standards in compliance with California Occupational Health and Safety Administration (CalOSHA) regulations. | | | | <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. | Work with appropriate departments to train and monitor staff that come in contact with hazardous material to ensure proper handling and prevent injury in compliance with California Occupational Health and Safety Administration (CalOSHA) regulations. | | | | <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. | Work with appropriate departments to manage all aspects of programs related to hazardous material information including product ordering, storage, use, and disposal. | | | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

| ITEM | EXPERIENCE 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 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 | FREQUENCY | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|---|-------------------|------------------|---|
| 20. | Work with appropriate departments to collect samples of dust, gases, vapors, or other materials for analysis to identify potentially toxic substances in compliance with California Occupational Health and Safety Administration (CalOSHA) regulations. | | | | <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. | Work with appropriate departments to establish contracts for appropriate disposal of biomedical waste, hazardous waste, and pharmaceutical waste. | | | | <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. | Collect, analyze, and interpret accident, injury, and lost time statistics, and cost data using spreadsheet software to determine effect on facility. | | | | <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. | Evaluate use of limited duty, injury rates, and Workers' Compensation expenditures to identify trends and recommend corrective actions. | | | | <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_ |
| 24. | Oversee authorizing settlements, including finalization of claims and settlement of cases through the Workers' Compensation system for authorization of monetary settlements of claims. | | | | <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_ |
| 25. | Oversee workstation reviews and make recommendations for ergonomic standards compliance to prevent injury to staff and patients. | | | | <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_ |
| 26. | Develop health and safety training programs for managers, supervisors, and staff to ensure facility staff is knowledgeable and aware of health and safety matters in accordance with federal, state, and local laws, policies and procedures. | | | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

| ITEM | EXPERIENCE 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 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 | FREQUENCY | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|---|-------------------|------------------|---|
| 27. | Collect and analyze the facility's work injury data using spreadsheet software for the purpose of composing and presenting reports and management briefings on the facility's Health and Safety programs. | | | | <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_ |
| 28. | Conduct on-site facility inspections, accompanying California Occupational Health and Safety Administration (CalOSHA) and other regulatory agency representatives in accordance with federal, state, and local laws, policies and procedures. | | | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

WORK EXPERIENCE

Section 3: KSA 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 and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 29-56, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| ITEM | EXPERIENCE 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 | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|-------------------|---|
| 29. | Knowledge of principles and techniques of industrial health and occupational safety procedures as they relate to a work setting. | | <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_ |
| 30. | Knowledge of training methods and techniques for developing and designing training curriculum for instruction of 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_ |
| 31. | Knowledge of appropriate California Administrative Codes and accreditation organizations. | | <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_ |
| 32. | Knowledge of Workers' Compensation including benefits, claim process and settlements, appeals and litigation procedures. | | <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_ |
| 33. | Knowledge of Equal Employment Opportunity (EEO) laws and objectives related bargaining units, hiring, employee development, and promotion for maintaining a work environment that is free of discrimination. | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

| ITEM | EXPERIENCE 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 | REFERENCES Employment (Emp)/ Education (Edu) |
|-------------|---|-------------------|---|
| 34. | Knowledge of the Emergency Management Program to ensure the facility is appropriately prepared to handle an emergency situation. | | <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_ |
| 35. | Knowledge of hazardous materials (e.g., handling, disposal, storage) to ensure safety of facility staff, patients, and visitors. | | <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_ |
| 36. | Knowledge of Injury Illness Prevention Program (IIPP) to ensure the facility is safe and free of 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_ |
| 37. | Knowledge of managerial techniques to successfully supervise and advise others on all matters pertaining to safety in order to maximize facility/unit efficiency. | | <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_ |
| 38. | Ability to evaluate results of health and safety program inspections and determine appropriate action to correct any violations. | | <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_ |
| 39. | Ability to conduct studies and surveys to determine problems (e.g., compliance violations) and make recommendations for solutions. | | <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_ |
| 40. | Knowledge of principles and processes related to organizational planning and coordination, including strategic planning, resource allocation and leadership techniques. | | <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_ |
| 41. | Knowledge of research and data gathering techniques (e.g., survey, observations) to compile information for projects 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_ |
| 42. | Knowledge of filing and records management systems in order to maintain important information and work project materials organized. | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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|-------------|---|-------------------|---|
| 43. | Knowledge of injury prevention programs to ensure health and safety needs are met throughout the facility. | | <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_ |
| 44. | Knowledge of relevant licensing, certification, and accreditation requirements in order to ensure that the facility is in compliance with departmental standards. | | <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_ |
| 45. | Knowledge of Joint Commission (JC) standards and survey process to assist with facility compliance and continued accreditation. | | <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_ |
| 46. | Ability to plan, oversee and direct the work activities of subordinate staff to ensure projects are on track and meeting projected dates of completion. | | <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_ |
| 47. | Ability to assess entire physical facility with the purpose of identifying risks and related to health and safety. | | <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_ |
| 48. | Ability to develop and/or modify programs and policies in response to information obtained from health and safety data to improve facility performance. | | <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_ |
| 49. | Ability to evaluate the work of staff using objective measures to ensure that it meets the quality and timeliness of facility standards. | | <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_ |
| 50. | Knowledge of medical equipment and potential safety hazards associated with medical equipment. | | <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_ |
| 51. | Knowledge of Environment of Care (EC), emergency management, including fire and life safety policies and standards as they apply to a state hospital setting. | | <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_ |

**Health and Safety Officer
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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|-------------|---|-------------------|---|
| 52. | Knowledge of the Personal Protective Equipment (PPE) to reduce employee exposure to facility 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_ |
| 53. | Knowledge of resources and materials necessary to create a Hazardous Communication Program, including lists of hazardous chemicals present, labeling of containers of chemicals in the workplace, and development and implementation of employee training programs. | | <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_ |
| 54. | Knowledge of California Occupational Health and Safety Administration (CalOSHA) and its goal to protect workers and the public from safety hazards through various inspection programs. | | <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_ |
| 55. | Knowledge of providers of workers' compensation insurance (e.g., State Compensation Insurance Fund (State Fund)) and its role in providing Workers' Compensation insurance options for employees. | | <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_ |
| 56. | Knowledge of the Workers' Compensation Appeals Board and its role in exercising judicial powers vested in it by the Labor Code to review petitions for reconsideration of decisions by Workers' Compensation administrative law judges. | | <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)

Health and Safety Officer 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
- DSH – Metropolitan
Norwalk, CA
- DSH – Salinas Valley
Soledad, CA
- DSH – Stockton
San Joaquin, CA
- DSH – Vacaville
Vacaville, CA
- DSH – Sacramento
Sacramento, 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.