



# Department of State Hospitals

## Training & Experience Examination Instructions

### EXAMINATION INFORMATION

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

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE EXAMINATION

- Read the instructions on the Training & Experience Examination carefully before you begin.
- Please note that your overall score will be determined solely by the information you provide on this Training & Experience Examination. Information on your application will not be used to determine your final score.
- Please utilize the checklist below to complete the 4 sections in the examination.

#### Section 1: Employment/Education Verification

- Provide any previous and current Employment and/or Education information.
- Use the Employment/Education Verification information to complete Sections 2 and 3.

#### Section 2: Task Ratings

- EXPERIENCE 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				
<b>Extensive Experience</b> – I have performed this task independently. <b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance. <b>Basic Experience</b> – I have only received basic education/formal training in performing this task. <b>No Experience</b> – 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				
<b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently. <b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance. <b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement. <b>No Knowledge</b> – 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 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 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 - ATASCADERO  
EMPLOYMENT OFFICE  
10333 EL CAMINO REAL  
P.O. BOX 7005  
ATASCADERO, CA 93423-7005  
805-468-3384



# Training Program Specialist

## Training & Experience Examination

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Training & Experience Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

This Training & Experience Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

**\*\*\*In order to expedite the examination process, your phone numbers are required\*\*\***

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

## Section 1: Employment/Education Verification

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

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

### EMPLOYMENT Employment A

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency, 123 Oak Ave, Sacramento, CA 95814

Dates Worked: From: 7/1/2010 To: 7/30/2013

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: Dana Clark

Contact Phone Number(s) of the above Individual(s): 555-565-5656

### EDUCATION Education A

School Name and Address: University of California, Sunny City

Degree(s) Earned: Business Administration with Concentration in Communications

Date(s) Attended: From: 9/1/2005 To: 5/1/2010

**Training Program Specialist  
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 you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

**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><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – 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 & 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 the appropriate box for the level of knowledge you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the knowledge column for each item.

**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><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – 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__

SAMPLE

**\*\*INTENTIONALLY LEFT BLANK\*\***



# Psychiatric Technician Trainee (Safety)

## 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 Psychiatric Technician Trainee (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 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 - ATASCADERO  
EMPLOYMENT OFFICE  
10333 EL CAMINO REAL  
P.O. BOX 7005  
ATASCADERO, CA 93423-7005  
805-468-3384

Psychiatric Technician Trainee (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:

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 & 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 1-7, provide responses regarding your:

- “Experience” - Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

**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><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – I do not have any experience performing this task.</p>					
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_
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_

**Psychiatric Technician Trainee (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

EXPERIENCE					VERIFICATION					
<p><b>Extensive Experience</b> – I have performed this task independently.</p> <p><b>Moderate Experience</b> – I have occasionally performed this task, but may require assistance.</p> <p><b>Basic Experience</b> – I have only received basic education/formal training in performing this task.</p> <p><b>No Experience</b> – I do not have any experience performing this task.</p>					<b>Extensive Experience</b>	<b>Moderate Experience</b>	<b>Basic Experience</b>	<b>No Experience</b>	<b>Employment (Emp)/ Education (Edu)</b>	
<b>7.</b>	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 & 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 8-21, provide responses regarding your:

- “Knowledge” - Mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the knowledge column for each item.

**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><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – I do not have knowledge of how to perform this statement.</p>						
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 & EXPERIENCE EXAMINATION**

Name: \_\_\_\_\_

KNOWLEDGE						VERIFICATION	
<p><b>Extensive Knowledge</b> – I have knowledge at a level to perform this statement independently.</p> <p><b>Moderate Knowledge</b> – I have knowledge to perform this statement, but may require assistance.</p> <p><b>Basic Knowledge</b> – I have limited knowledge of how to perform this statement.</p> <p><b>No Knowledge</b> – 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
						Emp B	Edu B
						Emp C	Edu C
14.	Provide written documentation of notes and records to supervisor for review 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_	
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 & 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



Please notify the Department of State Hospitals, Selection Services Unit promptly of address or location preference changes at 1600 9<sup>th</sup> Street, Room 121, Sacramento CA 95814 or (916) 651-8832.