



# DEPARTMENT OF STATE HOSPITALS

## Training and Experience Assessment Instruction

### EXAMINATION INFORMATION

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

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

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

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

#### **Mail or Hand Deliver to:**

DEPARTMENT OF GENERAL SERVICES  
OFFICE OF HUMAN RESOURCES  
ATTN: DOLORES BALLEJOS  
MAILING ADDRESS: P.O. BOX 989052  
WEST SACRAMENTO, 95798-9052

STREET ADDRESS: 707 THIRD STREET, 7<sup>TH</sup> FLOOR  
WEST SACRAMENTO, CA 95605

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

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



# Training Program Specialist

## Training and Experience Assessment

### 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 facilities to fill their existing positions.

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

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

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

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

**\*\*\*Verification References\*\*\***

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

### EMPLOYMENT

#### Employment Reference 1

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency

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 1

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 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

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

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

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-2, indicate under "Experience" the number of years you have performed each statement. Indicate under "Frequency," the number of times you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	Experience I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	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 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
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 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __

**Training Program Specialist  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

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

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

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

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

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



# Custodian Supervisor II

## Training and Experience Assessment

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### Read instructions carefully

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

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

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

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### **\*\*\*Verification References\*\*\***

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

#### **EMPLOYMENT**

##### **Employment Reference 1**

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (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 2**

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 3

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 4

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 5

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 6

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 1

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

### Education Reference 2

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

### Education Reference 3

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

## Education Reference 4

School Name and Address: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

### **VERY IMPORTANT: PLEASE READ THIS ENTIRE SECTION CAREFULLY.**

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

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided, you may be disqualified from this process, suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

**I certify and understand that all the statements I have made in this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications. (ORIGINAL SIGNATURE REQUIRED)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***FILING INSTRUCTIONS:***

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 GENERAL SERVICES  
OFFICE OF HUMAN RESOURCES  
ATTN: DOLORES BALLEJOS  
MAILING ADDRESS: P.O. BOX 989052  
WEST SACRAMENTO, 95798-9052

STREET ADDRESS: 707 THIRD STREET, 7<sup>TH</sup> FLOOR  
WEST SACRAMENTO, CA 95605

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**

One year of experience in the California state service performing the duties of a Lead Custodian. **OR**

Two years of experience in the California state service performing the duties of a Custodian.

**OR II**

Experience: Three years of experience in janitorial work, two years of which must have been in a supervisory capacity over other employees and with responsibility for the janitorial work in an office or similar building. **AND**

Education: Equivalent to completion of the eighth grade. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

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

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

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

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

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-19, indicate under "Experience," the number of years you have performed each statement. Indicate under "Frequency," the number of times you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	<b>Experience</b> 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	<b>Frequency</b> 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	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
1.	Overseeing and managing assigned staff in the instruction and assignment of custodial work utilizing approved cleaning techniques and products.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP ___
2.	Ensuring staffing levels adequately meet the needs of the units and redirect staff to cover units as needed.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP ___
3.	Providing instruction and training to custodial and housekeeping staff as required to ensure staff learns unit policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP ___
4.	Providing training to all assigned staff regarding the proper use of Personal Protective Equipment (PPE) when handling hazardous materials.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP ___
5.	Assessing and providing corrective action to assigned staff as necessary on health and safety related issues according to facility policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP ___

**Custodian Supervisor II**  
**TRAINING AND EXPERIENCE ASSESSMENT**

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

ITEM	<b>Experience</b> 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	<b>Frequency</b> 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	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
6.	Overseeing the proper operation of janitorial machinery and equipment to ensure efficient unit operations and staff safety.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
7.	Overseeing the cleaning and maintenance of tools and equipment (e.g., power washers, buffers, carpet extractors) according to facility policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
8.	Monitoring and ensuring staff is informed of Hazardous Materials inventory, properly utilize Safety Data Sheets and locate proper protective gear as needed to ensure safe unit operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
9.	Evaluating the performance of subordinate as necessary utilizing various tools (e.g., daily unit check lists) to ensure efficient unit operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
10.	Overseeing unit supply orders and distribution of supplies, ensure stock is available, and the influx of supplies are distributed evenly by communicating with staff and utilizing previous supply records as needed.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
11.	Performing inspections and rectifies any discrepancies to maintain janitorial practices and standards of safety and sanitation.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
12.	Keeping records and assist in preparing reports of inspections and other custodial projects to ensure efficient unit operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
13.	Assisting in receiving grievances by facility occupants and make or recommend adjustments as necessary to ensure efficient operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Custodian Supervisor II**  
**TRAINING AND EXPERIENCE ASSESSMENT**

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

ITEM	<b>Experience</b> 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	<b>Frequency</b> 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	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
14.	Completing and submitting all work orders in an order of priority, keeping in mind facility health and safety standards to ensure efficient unit operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
15.	Training and instructing all subordinate staff in tool accountability procedures according to facility policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
16.	Overseeing overall inspection and maintenance of units (floor care, windows, walls, restrooms, furniture) in cleanliness and safety as defined by facility guidelines.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
17.	Assisting in the interviewing and hiring of custodial staff in accordance with Equal Employment Opportunity (EEO) guidelines and facility procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
18.	Providing consultation services regarding custodial services to program managers and department heads to ensure efficient unit operations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
19.	Investigating and documenting any accidents or injuries incurred by assigned staff and prepare reports of findings according to facility policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

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

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

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

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

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

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 20-36, indicate under "Experience," the number of years you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	EXPERIENCE	<b>REFERENCES:</b> EMPLOYMENT (EMP)/ EDUCATION (EDU)
20.	Knowledge of principles, practices of staff management services such as budgeting and personnel.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
21.	Knowledge of principles relating to effective leadership and supervision of subordinate staff.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
22.	Knowledge of methods relating to the requisitioning, receiving, storing, and utilization of tools, materials, and supplies.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
23.	Knowledge of methods, materials, chemicals, disinfectants, and equipment (e.g., power washers, buffers, carpet extractors) used in cleaning offices and public buildings.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
24.	Knowledge of sanitation and safety measures used in the operating, cleaning, and care of equipment (e.g., power washers, buffers, carpet extractors) and work areas.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Custodian Supervisor II**  
**TRAINING AND EXPERIENCE ASSESSMENT**

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

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)
25.	Knowledge of use of purchase orders for janitorial supplies and equipment used to maintain offices and public buildings.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
26.	Knowledge of a supervisor's role in Equal Employment Opportunity (EEO) objectives and the processes available to meet EEO objectives.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
27.	Ability to accurately providing justification of assignments conducted by custodial staff to aid in the efficient requisition of tools, supplies, and materials.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
28.	Ability to estimate labor and material requirements based on current working orders and available staff.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
29.	Ability to provide information for work-related activities of custodial staff such as project status reports for departmentally mandated record-keeping purposes.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
30.	Ability to impartially evaluate the work performance of subordinate staff using objective measures to meet the quality and timeliness of facility standards.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
31.	Ability to consult with and advise administrators or other facility staff on a wide variety of custodial related matters.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
32.	Ability to successfully contribute and comply with the department's Equal Employment Opportunity (EEO) laws and objectives.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
33.	Ability to organize and coordinate the work of others and lead staff in the completion of tasks and projects.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Custodian Supervisor II**  
**TRAINING AND EXPERIENCE ASSESSMENT**

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

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)
34.	Ability to give on- the-job instruction on custodial procedures and practices to staff as necessary.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
35.	Ability to keep inventories of supplies and equipment used and make requisitions as necessary.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
36.	Ability to determine and apply appropriate corrective and or disciplinary action of staff as appropriate.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Custodian Supervisor II  
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**

- (4001) DSH – Atascadero  
Atascadero, CA
- (1002) DSH – Coalinga  
Coalinga, CA
- (1945) DSH – Metropolitan  
Norwalk, CA
- (2802) DSH – Napa  
Napa, CA
- (3619) DSH – Patton State Hospital  
Patton, CA
- (2705) DSH – Salinas Valley  
Soledad, CA
- (3914) CHCF – Stockton  
San Joaquin, CA
- (4810) DSH – Vacaville  
Vacaville, CA



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

**Custodian Supervisor II**  
**TRAINING AND EXPERIENCE ASSESSMENT**

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

*Please Print*

Name \_\_\_\_\_  
(First MI Last)

Exam Title \_\_\_\_\_

If you are successful in this examination, your name will be placed on an active employment list. You may change your location preference by writing to the Testing Unit at the Department of General Services.

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

Please check your choices- You will not be offered a job in locations not checked. You are limited to a maximum of 15 choices. If you mark more than 15 choices you will automatically be certified for any location in the State.

5 ANYWHERE IN THE STATE – If checked, no further selection is necessary

**NORTHERN CALIFORNIA**

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> 0400 Butte     | <input type="checkbox"/> 1700 Lake      | <input type="checkbox"/> 3100 Placer     | <input type="checkbox"/> 4900 Sonoma  |
| <input type="checkbox"/> 0600 Colusa    | <input type="checkbox"/> 1800 Lassen    | <input type="checkbox"/> 3200 Plumas     | <input type="checkbox"/> 5100 Sutter  |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 3400 Sacramento | <input type="checkbox"/> 5200 Tehama  |
| <input type="checkbox"/> 0900 El Dorado | <input type="checkbox"/> 2500 Modoc     | <input type="checkbox"/> 4500 Shasta     | <input type="checkbox"/> 5300 Trinity |
| <input type="checkbox"/> 1100 Glenn     | <input type="checkbox"/> 2800 Napa      | <input type="checkbox"/> 4600 Sierra     | <input type="checkbox"/> 5700 Yolo    |
| <input type="checkbox"/> 1200 Humboldt  | <input type="checkbox"/> 2900 Nevada    | <input type="checkbox"/> 4700 Siskiyou   | <input type="checkbox"/> 5800 Yuba    |

**CENTRAL CALIFORNIA**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 0100 Alameda      | <input type="checkbox"/> 1500 Kern     | <input type="checkbox"/> 2700 Monterey        | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0200 Alpine       | <input type="checkbox"/> 1600 Kings    | <input type="checkbox"/> 3500 San Benito      | <input type="checkbox"/> 4400 Santa Cruz  |
| <input type="checkbox"/> 0300 Amador       | <input type="checkbox"/> 2000 Madera   | <input type="checkbox"/> 3800 San Francisco   | <input type="checkbox"/> 4800 Solano      |
| <input type="checkbox"/> 0500 Calaveras    | <input type="checkbox"/> 2100 Marin    | <input type="checkbox"/> 3900 San Joaquin     | <input type="checkbox"/> 5000 Stanislaus  |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 2200 Mariposa | <input type="checkbox"/> 4000 San Luis Obispo | <input type="checkbox"/> 5400 Tulare      |
| <input type="checkbox"/> 1000 Fresno       | <input type="checkbox"/> 2400 Merced   | <input type="checkbox"/> 4100 San Mateo       | <input type="checkbox"/> 5500 Tuolumne    |
| <input type="checkbox"/> 1400 Inyo         | <input type="checkbox"/> 2600 Mono     |   |   |

**SOUTHERN CALIFORNIA**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> 1300 Imperial       | <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3000 Orange        | <input type="checkbox"/> 3300 Riverside |
| <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 3700 San Diego   | <input type="checkbox"/> 4200 Santa Barbara | <input type="checkbox"/> 5600 Ventura   |

**TYPE OF APPOINTMENT DESIRED**

Please check (you may check one or more boxes):

- Permanent Full Time                       Other Than Permanent Full Time

If both are checked and you receive an appointment other than permanent full time, your name will continue to be considered for permanent full-time positions.

I have not taken the examination for this class during the current testing period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTIFY THE DEPARTMENT OF GENERAL SERVICES PROMPTLY OF ANY CHANGES IN YOUR ADDRESS OR AVAILABILITY FOR EMPLOYMENT.