



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/EDUCATION Column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have performed the item.
- FREQUENCY column: Using the Frequency Scale, provide the number that corresponds with the number of times you have performed the item.
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answers you provided under the Experience/Education and Frequency column for each item.

ITEM	EXPERIENCE / EDUCATION SCALE	FREQUENCY SCALE	EXPERIENCE / EDUCATION	FREQUENCY	VERIFICATION			
	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	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			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"/> 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.		2	1	<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

- EXPERIENCE/EDUCATION column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have applied the item.
- VERIFICATION column: Mark the appropriate verification Employment and/or Education box for each item that corresponds to the answers you provided under the Experience/Education column for each item.

ITEM	EXPERIENCE / EDUCATION SCALE	EXPERIENCE / EDUCATION	VERIFICATION			
	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		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 type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		
4.	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"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp_	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D		



Department of State Hospitals

Training & Experience Examination Instructions

Section 4: Conditions of Employment

- Mark the type of Appointment and Locations in which you are willing to work.

Signature

- Failure to include an original signature on page 3 of the examination may result in disqualification.

NOTE: INCORRECT MARKS OR BLANK RESPONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE OR RESULT IN DISQUALIFICATION FROM THIS EXAMINATION.

An example on how to fill out the Training & Experience Examination has been provided on the next page. For additional information on completing the Training & Experience Examination, [please click here](#).

Please submit your completed Training & Experience Examination, along with a State Application (STD. 678) as follows:

Mail or Hand Deliver to:

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



Training Program Specialist

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.

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

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-2, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
 - Ensure you have marked at least one box for each item in the Verification column.
 - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION 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 & 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.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 3-4, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
 - Ensure you have marked at least one box for each item in the Verification column.
 - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 / EDUCATION	VERIFICATION 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__

SAMPLE

****INTENTIONALLY LEFT BLANK****



Mason I

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

**Mason I
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:

EITHER I

Completion of a recognized apprenticeship in masonry. (Apprentices who are within six months of completing their apprenticeship program may be admitted to the examination, but they must present evidence of completion of a recognized apprenticeship before they may be appointed from the eligible list.)

OR II

Three years of experience as a journeyman mason.

Mason I
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.

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

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 1-20, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**.
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
 - Ensure you have marked at least one box for each item in the Verification column.
 - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
1.	Plaster new walls and replace damaged plaster as necessary using a trowel and plaster mix to ensure efficient facility operations.				<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.	Assist in installing framework to build retaining walls using wood materials to ensure efficient facility operations.				<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.	Maintain and repair concrete and other foundations for buildings, machinery, and similar projects as necessary.				<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.	Determine proper foundation conditions and materials to be used in order to set forms that hold concrete to desired pitch and depth, and align them as appropriate.				<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_

**Mason I
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
5.	Spread and smooth concrete, using rake, shovel, hand or power trowel, hand or power screed to achieve proper consistency.				<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.	Mold expansion joints and edges, using edging tools, jointers, and straightedge according to facility specifications.				<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.	Construct pavements and walkways using rake, shovel, hand or power trowel, and lumber material to ensure efficient facility operations.				<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.	Mix and temper lime and cement mortar in order to use in the completion of masonry tasks and projects.				<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.	Waterproof concrete for condensate and steam ducts for preventative maintenance purposes as necessary.				<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.	Cut, drill, and install tile, stone, and marble as necessary throughout the facility to ensure efficient operations.				<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.	Apply hardening and sealing compounds to cure surface of concrete as necessary for preventative maintenance purposes.				<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.	Lay bricks, block and stone work as necessary using a trowel and level to ensure efficient facility operations.				<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_

**Mason I
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

ITEM	EXPERIENCE / EDUCATION SCALE 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 SCALE 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 / EDUCATION	FREQUENCY	VERIFICATION Employment (Emp)/ Education (Edu)
13.	Order materials and maintain inventory of materials on hand for masonry projects as needed.				<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.	Clean and maintain tools, work area, equipment, and machines utilizing solvent and rags according to facility 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_
15.	Communicate needs of the facility to management in regards to equipment and/or tools used in unit.				<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.	Develop reports and maintain logs based on repairs and installations of masonry related 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_
17.	Identify and requisition needed parts, tools, equipment, and materials needed to complete work assignments and ensure efficient facility operations.				<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.	Make rough sketches and estimate costs of materials and labor to conduct masonry work or estimates for new projects.				<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.	Read and work from blue prints and or drawings according to facility specifications to ensure efficient facility operations.				<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.	Assist in the instruction, training and development of unskilled assistants according to facility 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_

Mason I
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.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

For items 21-36, provide responses regarding your:

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
 - Ensure you have marked at least one box for each item in the Verification column.
 - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

ITEM	EXPERIENCE / EDUCATION SCALE 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 / EDUCATION	VERIFICATION Employment (Emp)/ Education (Edu)
21.	Knowledge of principles, methods, materials, tools, and equipment used in masonry work.		<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.	Knowledge of installation and repair of masonry work including stone, brick, tile, marble, plaster, and concrete.		<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.	Knowledge of applicable codes, rules, regulations, and/or Safety Orders that correspond to relevant building and practices of masonry work.		<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.	Skill in mixing and tempering lime and cement mortar to use in the completion of masonry projects.		<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_

Mason I
TRAINING & EXPERIENCE EXAMINATION

Name: _____

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25.	Ability to follow manufacture instructions and recommendations to install products related to masonry projects.		<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.	Knowledge of site preparation procedures and techniques for various foundations to comply with building codes.		<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_
27.	Ability to determine proper materials to be used for the completion of masonry projects.		<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.	Ability to read and interpret blueprints, rough sketches, and work plans and specifications of repairs and installations.		<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_
29.	Ability to make rough sketches, blue prints and estimate costs of repairs and installations.		<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.	Ability to cut, drill, and set marble to facility specification for masonry related projects.		<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 mathematics (e.g., arithmetic, algebra) methodology and their applications.		<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.	Ability to keep records and develop reports of installations, inspections, and maintenance of 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_
33.	Ability to instruct and lead unskilled assistants during the completion of masonry tasks 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_

Mason I
TRAINING & EXPERIENCE EXAMINATION

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34.	Skill to imagine how materials and/or equipment will appear after it is moved around or when its parts are moved or rearranged.		<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 design techniques, tools, and principles involved in the development of technical plans, blueprints, drawings, and models used in masonry.		<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.	Ability to maintain an active and efficient preventive maintenance program.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

Section 4: Conditions of Employment

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

Mason I 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

- Napa County
DSH – Napa



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