



## Activity Coordinator Examination Announcement

*Statewide Open Examination for all State Departments*

Final Filing Date: Continuous Filing

Salary: \$2,508.00 - \$3,141.00

### EEO

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex, (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

### DRUG FREE STATEMENT

It is an objective of the state of California to achieve a drug-free state work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service and the special trust placed in public servants.

### WHO SHOULD APPLY?

Candidates who meet the minimum qualifications as stated may apply for this examination. Once you have taken the examination, you may not reapply for twelve (12) months. All applicants must meet the education and/or experience requirements as stated on this examination announcement.

### FILING INSTRUCTIONS

Applicants may apply via mail or hand deliver the application to the Human Resources Division at the address listed below. Applications (STD. 678) are available at CalHR's website [www.jobs.ca.gov](http://www.jobs.ca.gov).

Submit an Examination Application (STD 678) **And** a Qualifications Assessment to the address listed below:

California Department of Veterans Affairs (CalVet)  
Attn: Activity Coordinator Exam  
1227 O Street, Room 404  
Sacramento, CA 95814

The testing office will accept Examination Applications (STD. Form 678) **And** Qualifications Assessment continuously and will notify and test applicants on an as needed basis.

**[The Qualifications Assessment for Activity Coordinator and the Standard State Application \(STD 678\) are included in this examination bulletin package. Please ensure that all attached documents are completed in their entirety before submitting to the address listed above.](#)**

**Submit applications only to the address indicated above. Do not submit to the California Department of Human Resources (CalHR).**

NOTE: Only applications with original signature will be accepted. Facsimiles (FAX) or emailed applications will not be accepted under any circumstances.

## SPECIAL TESTING ARRANGEMENTS

If you have a disability and need special assistance or special testing arrangements, mark the appropriate box on the "Examination Application". You will be contacted to make special arrangements.

## REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

**NOTE:** All applicants must meet the education and/or experience requirements as stated on this examination bulletin by the final filing date. Your signature on your application indicates that you have read, understood, and possess the qualifications required.

**NOTE:** Applications/resumes **MUST** contain the following information: "to" and "from" dates (month/day/year), time base, civil service class title(s), and range, if applicable. College course information **MUST** include: title, semester or quarter credits, name of institution, completion dates, and degree (if applicable).

**Applications/resumes received without this information may be rejected.**

## MINIMUM QUALIFICATIONS

### **Experience:**

Possession of a Certificate of Attendance in the Activity Coordinator Training course. **And**

**Either I:** Two years of general experience in a health care facility.

**OR II:** One year of experience in a long-term care facility for geriatrics.

## POSITION DESCRIPTION

Under professional supervision to perform a variety of routine tasks associated with activities required to meet goals of activity programs for individual geriatric patients in skilled and intermediate nursing facilities, and to do other related activities.

## ELIGIBLE LIST INFORMATION

Names of successful competitors are merged onto the list in order of final scores, regardless of date. Eligibility expires after 12 months unless the needs of the services and conditions of the list warrant a change in this period. The resulting eligible list will be used to fill vacancies statewide.

## EXAMINATION INFORMATION

### **Qualifications Assessment -- Weighted 100%**

This examination will consist of a Qualifications Assessment weighted 100%. Candidates must attain an overall minimum score of 70% in order to be placed on the eligible list.

**NOTE:** It is especially important that each applicant take special care to accurately and completely fill out their application. List all experience relevant to the "Minimum Qualifications" shown on this announcement.

**CANDIDATES WHO DO NOT COMPLETE OR SUBMIT THE QUALIFICATIONS ASSESSMENT WILL BE DISQUALIFIED.**

## SPECIAL PERSONAL CHARACTERISTICS

Objective and empathetic understanding of the elderly; tolerance; tact; and emotional stability.

## ADDITIONAL DESIRABLE QUALIFICATIONS

The talent to motivate people by virtue of a positive, friendly attitude in order to create a pleasant and safe environment in which the patient feels confident and secure.

## KNOWLEDGE AND ABILITIES

### Knowledge of:

1. Principles, procedures, techniques and trends of activity programs for development of appropriate programs for different levels of care.
2. Physical, psychological and social problems to address individualized care plans and documenting process or lack of.

### Ability to:

1. Plan, coordinate and carry out program activities enabling staff to provide meaningful programs.
2. Establish and maintain cooperative relationships with individuals and organizations to facilitate utilization of various community personnel and resources.
3. Speak effectively during implementation of programs, during resident interviews, care plan meetings and contacting volunteers/sponsors.
4. Operate all necessary tools and equipment for training of residents on proper use and achieving a successful activity program.
5. Maintain supplies to ensure that activities can be carried out efficiently.
6. Analyze situations accurately and adopt a suitable course of action for the benefit of the resident.
7. Motivate people by virtue of a positive, friendly attitude in order for the residents to meet their goals and to ensure consistent assistance from the volunteers.
8. Work as a team member at all times to ensure that all activities and programs are covered for the benefit of the resident.
9. Teach and train other staff and volunteers regarding techniques of program implementation and compliance with laws, rules and protocols.

## VETERANS PREFERENCE

Veterans preference credits will be added to the final score of those competitors who are successful in this examination and who qualify for, and have requested, these points. **VETERANS WHO HAVE ACHIEVED PERMANENT CIVIL SERVICE STATUS ARE NOT ELIGIBLE TO RECEIVE VETERANS CREDITS.**

### IMPORTANT CHANGES – EFFECTIVE JANUARY 1, 2014

[Assembly Bill 372](#), signed into law by Governor Brown on August 12, 2013, changes the way the Veterans Preference process is administered by the State of California. **Veterans Preference will be awarded as follows, starting on January 1, 2014:**

1. Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veteran's preference.
2. An entrance examination is defined, under the law, as any open competitive examination.
3. Veterans Preference is not granted once a person achieves permanent civil service status.

### HOW TO APPLY FOR VETERANS PREFERENCE

The California Department of Human Resources (CalHR) has information on how to apply for Veterans Preference on their website at <https://www.jobs.ca.gov/CalHRPublic/Landing/Jobs/VeteransInformation.aspx> and on the Application for Veterans Preference form ([CalHR 1093](#)).

## CONTACT INFORMATION

For additional information regarding this examination, please contact the Department of Veterans Affairs (CalVet) Examination Unit at (916) 653-2535.

## DISCLAIMER

Please click on the link below to review the official California Department of Human Resources (CalHR) class specification: [Activity Coordinator](#)

## GENERAL INFORMATION

**The Department of Veterans Affairs (CalVet)** reserves the right to revise the examination plan to better the needs of the service if the circumstances change under which this examination was planned. Such revision will be in accordance with civil service laws and rules and all candidates will be notified.

**It is the candidate's responsibility for an examination without a written feature** to contact the Department of Veterans Affairs (CalVet) three weeks after the final filing date if he/she has not received any notification.

**It is the candidate's responsibility for an examination with a written feature** to contact the Department of Veterans Affairs (CalVet) six weeks after the final filing date if he/she has not received any notification.

**If a candidate's notice** of oral interview fails to reach him/her 3 days prior to their scheduled appointment date due to a verified postal error, he/she will be rescheduled upon written request. It is the candidate's responsibility to contact the CalVet at (916) 653-2535.

**Examination Locations:** Locations of interviews may be limited or extended as conditions warrant.

**Examination Applications are available** at <https://jobs.ca.gov/pdf/STD678.pdf> CalHR State Jobs Center, State Personnel Board offices, local offices of the Employment Development Department and the testing department on this job bulletin.

**If you meet the requirements** stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

**Candidates needing special testing arrangements** due to a disability must mark the appropriate box on the application and/or contact the testing department.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

**Eligible Lists:** Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

**Promotional Examinations Only:** Competition is limited to employees who have a permanent civil service appointment and military veterans that meet all the minimum qualifications. Under certain circumstances, other employees may be allowed to compete under provisions of Rules 234, 235, and 235.2. State Personnel Board Rules 233, 234, 235, 235.2, and 237 contain provisions regarding civil service status and eligibility for promotional examinations. These rules may be reviewed at <http://www.spb.ca.gov/>

**If High School Equivalence is Required:** Equivalence to completion of the 12th grade may be demonstrated in any one of the following ways: 1) passing the General Educational Development (GED) Test; 2) completion of 12 semester units of college work; 3) certification from the State Department of Education, a local school board, or high school authorities that the candidate is considered to have education equivalent to graduation from high school; 4) for clerical and accounting classes, substitution of business college work in place of high school on a year-for-year basis.

**College Education:** The qualifications meeting the requirement "Equivalent to graduation from college" means satisfaction of the requirements for the bachelor's degree from an accredited, recognized institution of higher education. This means the applicant must show receipt of a bachelor's degree. Acceptable college course work must be from an accredited, recognized institution approved by the California Superintendent.

**TTD** is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TTD Device. California Relay Service (Telephone) for the deaf or hearing impaired. From TDD phones: 1-800- 735-2929 or from voice phone: 1-800-735-2922.

**Department of Veterans Affairs (CalVet), Examination, 1227 O Street, Room 404, Sacramento, CA 95814**  
**Phone: (916) 653-2535      Website: [www.calvet.ca.gov](http://www.calvet.ca.gov)**

## Qualifications Assessment Examination Instructions

### EXAMINATION INFORMATION

All parts of this examination belong to the Department of Veterans Affairs.

### HOW TO COMPLETE YOUR QUALIFICATIONS ASSESSMENT EXAMINATION

- Read the instructions on the Qualifications Assessment Examination carefully before you begin.
- Please note that your overall score will be determined solely by the information you provide on this Qualifications Assessment 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		



## Qualifications Assessment 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 Qualifications Assessment Examination has been provided on the next page. For additional information on completing the Qualifications Assessment Examination, [please click here](#).

Please submit your completed Qualifications Assessment Examination, along with a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF VETERANS AFFAIRS  
EXAMINATION UNIT  
1227 O STREET, ROOM 404  
SACRAMENTO, CA 95814  
(916) 653-2535



## Training Program Specialist Qualifications Assessment 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 Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment 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  
QUALIFICATIONS ASSESSMENT 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  
QUALIFICATIONS ASSESSMENT 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, skill, and/or ability 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\*\***



**Activity Coordinator**

**Qualifications 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 **Activity Coordinator** examination consists of a Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment 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 contain no willful misrepresentation or falsifications. Failure to include original signature may result in disqualification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

Please submit your completed Qualifications Assessment Examination and a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF VETERANS AFFAIRS  
EXAMINATION UNIT  
1227 O STREET, ROOM 404  
SACRAMENTO, CA 95814  
(916) 653-2535

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT 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 Qualifications Assessment 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:

Possession of a Certificate of Attendance in the Activity Coordinator Training Course **AND**

**Either I:** Two years of general experience in a health care facility.

**Or II:** One year of experience in a long-term care facility for geriatrics.

Do you possess a Certificate of Attendance in the Activity Coordinator Training Course?  Yes  No  
(If you answer "NO", it will be grounds for elimination; if you answer "YES", please attach a copy of your certificate.)

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to abide by and adhere to the departmental policies and procedures if appointed to a position with the State of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to report to work on time and follow procedures for reporting absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to undergo an annual health review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to undergo annual TB testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STATE EMPLOYMENT INFORMATION FOR PREVIOUSLY DISMISSED EMPLOYEES**

**Complete this section ONLY** if you have been previously **dismissed** from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU,** please skip this question.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/>	<b>YES</b>
<input type="checkbox"/>	<b>NO</b>
<input type="checkbox"/>	<b>NOT APPLICABLE</b>

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 1-26, 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 - Three years or more 3 - Two years but less than three years 2 - One year but less than two years 1 - Less than one year 0 - Not performed	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.	Complete departmental assessment form on a new patient.				<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.	Develop a comprehensive individual care plan using information gathered from assessment forms.				<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.	Review and complete quarterly and annual re-assessments and update individual care plans.				<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.	Record daily attendance and activity participation.				<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_

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have performed this task for: 4 - Three years or more 3 - Two years but less than three years 2 - One year but less than two years 1 - Less than one year 0 - Not performed	<b>FREQUENCY SCALE</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	<b>EXPERIENCE / EDUCATION</b>	<b>FREQUENCY</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>5.</b>	Monitor patients closely during activities taking appropriate precautions.				<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_
<b>6.</b>	Modify activities to ensure patients achieve the most beneficial activity 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_
<b>7.</b>	Communicate with patients verbally and in writing.				<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_
<b>8.</b>	Assist in the completion of Quality Assurance reports detailing successful activities as communicated from the patients.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>9.</b>	Orient and supervise volunteers and member helpers.				<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_
<b>10.</b>	Accompany groups of patients to community functions.				<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_
<b>11.</b>	Coordinate with appropriate contacts within the community (entertainers/speakers/volunteers) and facility staff by phone, written correspondence or in person.				<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_
<b>12.</b>	Provide program coverage in the absence of fellow Activity Coordinators.				<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_
<b>13.</b>	Complete hardcopy request forms for volunteers, food, funds, and transportation.				<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_



**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have performed this task for: 4 - Three years or more 3 - Two years but less than three years 2 - One year but less than two years 1 - Less than one year 0 - Not performed	<b>FREQUENCY SCALE</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	<b>EXPERIENCE / EDUCATION</b>	<b>FREQUENCY</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
14.	Create activity calendars and flyers using various computer programs (e.g., Word, PowerPoint, etc.).				<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.	Print, copy, and distribute activity calendars and flyers and advertise program activities available in the future.				<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.	Decorate the bulletin boards and the activity rooms/areas with appropriate activity themes.				<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 items (crafts/special equipment, etc.) needed to perform activities.				<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.	Attend in-service training classes.				<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.	Attend and actively participate in staff meetings, designated committee meetings, Interdisciplinary Team meetings and Resident Care Conferences.				<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.	Demonstrate competent ability.				<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.	Plan, coordinate, and carry out activities which involve the older patient population (e.g., discussion and study groups, reading, gardening, games, etc.) in small and large groups, one-on-one and/or individualized programs.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have performed this task for: 4 - Three years or more 3 - Two years but less than three years 2 - One year but less than two years 1 - Less than one year 0 - Not performed	<b>FREQUENCY SCALE</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	<b>EXPERIENCE / EDUCATION</b>	<b>FREQUENCY</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>22.</b>	Plan and recommend programs to the interdisciplinary team.				<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_
<b>23.</b>	Coordinate activity schedules with other patient services.				<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_
<b>24.</b>	Maintain a current record of the type and frequency of activities and the names of patients.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>25.</b>	Prepare routine activity reports.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>26.</b>	Administer first aid according to prescribed procedures and notify emergency personnel.				<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_

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 1-21, 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.

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have applied this knowledge, skill, and/or ability for:  <b>4</b> - Three years or more <b>3</b> - Two years but less than three years <b>2</b> - One year but less than two years <b>1</b> - Less than one year <b>0</b> - Not performed	<b>EXPERIENCE / EDUCATION</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>1.</b>	Basic knowledge of principles, procedures, techniques and trends of activity programs.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>2.</b>	Basic knowledge of physical, psychological, and social problems.		<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_
<b>3.</b>	General knowledge of Cal-OSHA, Department of Motor Vehicles (DMV), and California Highway Patrol (CHP) rules, laws, and safety regulations.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>4.</b>	General knowledge of computer software and databases (e.g., Microsoft Office, etc.).		<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_

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have applied this knowledge, skill, and/or ability for:  <b>4</b> - Three years or more <b>3</b> - Two years but less than three years <b>2</b> - One year but less than two years <b>1</b> - Less than one year <b>0</b> - Not performed	<b>EXPERIENCE / EDUCATION</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>5.</b>	Working knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.		<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_
<b>6.</b>	General knowledge of the principles and processes of providing customer and personal services.		<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_
<b>7.</b>	Skill to give full attention to what other people are saying, take time to understand the points being made, ask questions as appropriate, and not interrupt at inappropriate times.		<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_
<b>8.</b>	Skill to effectively adjust actions in relation to others' actions.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>9.</b>	Skill to actively look for ways to help patients.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>10.</b>	Skill to adequately communicate with and understand written sentences and paragraphs in work related documents.		<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_
<b>11.</b>	Skill to appropriately teach others how to do something.		<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_
<b>12.</b>	Ability to plan, coordinate, and implement meaningful activity programs.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
<b>13.</b>	Ability to establish and maintain cooperative relationships with individuals and organizations.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

<b>ITEM</b>	<b>EXPERIENCE / EDUCATION SCALE</b> I have applied this knowledge, skill, and/or ability for:  <b>4</b> - Three years or more <b>3</b> - Two years but less than three years <b>2</b> - One year but less than two years <b>1</b> - Less than one year <b>0</b> - Not performed	<b>EXPERIENCE / EDUCATION</b>	<b>VERIFICATION</b> Employment (Emp)/ Education (Edu)
<b>14.</b>	Ability to analyze situations accurately.		<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_
<b>15.</b>	Ability to motivate people by virtue of a positive, friendly attitude.		<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_
<b>16.</b>	Ability to effectively work as a team member at all times.		<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_
<b>17.</b>	Ability to accurately teach and train other staff and volunteers regarding techniques of program implementation.		<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_
<b>18.</b>	Ability to accurately read, write, speak and understand information and ideas presented in English.		<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_
<b>19.</b>	Ability to efficiently operate and maintain audio-visual equipment (e.g., DVD player, karaoke machine, PA system/microphone, television, radio/CD player, etc.).		<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_
<b>20.</b>	Ability to effectively operate motorized vehicles.		<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_
<b>21.</b>	Ability to concentrate on a task over a period of time without being distracted.		<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 VETERANS AFFAIRS  
 CONDITIONS OF EMPLOYMENT  
 FORM 631(11/12)

**Activity Coordinator**  
**QUALIFICATIONS ASSESSMENT EXAMINATION**

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

**TYPE OF EMPLOYMENT YOU WILL ACCEPT:**

Please select all locations and tenures for which you are willing to accept employment. If you are successful in the examination, your name will be placed on the employment list and referred to fill vacancies according to the conditions you specify on this form.

<input type="checkbox"/> Permanent – Full Time	<input type="checkbox"/> Limited Term – Full Time
<input type="checkbox"/> Permanent – Part Time	<input type="checkbox"/> Limited Term – Part Time
<input type="checkbox"/> Permanent - Intermittent	<input type="checkbox"/> Limited Term - Intermittent

**ANYWHERE IN THE STATE** – If checked, no further selection is necessary.  
 If you select more than 15 counties below, you may be considered available for work anywhere in the State

**8004 ANYWHERE IN THE NORTHERN REGION** or make Northern Region county choices below.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 0400 Butte     | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 4600 Sierra   |
| <input type="checkbox"/> 0600 Colusa    | <input type="checkbox"/> 2500 Modoc     | <input type="checkbox"/> 4700 Siskiyou |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2900 Nevada    | <input type="checkbox"/> 5100 Sutter   |
| <input type="checkbox"/> 1100 Glen      | <input type="checkbox"/> 3100 Placer    | <input type="checkbox"/> 5200 Tehama   |
| <input type="checkbox"/> 1200 Humboldt  | <input type="checkbox"/> 3200 Plumas    | <input type="checkbox"/> 5300 Trinity  |
| <input type="checkbox"/> 1700 Lake      | <input type="checkbox"/> 4500 Shasta    | <input type="checkbox"/> 5800 Yuba     |
| <input type="checkbox"/> 1800 Lassen    |   |  |

**8001 ANYWHERE IN THE CENTRAL REGION** or make Central Region county choices below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 0100 Alameda      | <input type="checkbox"/> 2200 Mariposa      | <input type="checkbox"/> 4100 San Mateo   |
| <input type="checkbox"/> 0200 Alpine       | <input type="checkbox"/> 2400 Merced        | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0300 Amador       | <input type="checkbox"/> 2700 Monterey      | <input type="checkbox"/> 4400 Santa Cruz  |
| <input type="checkbox"/> 0500 Calaveras    | <input type="checkbox"/> 2800 Napa          | <input type="checkbox"/> 4800 Solano      |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 3400 Sacramento    | <input type="checkbox"/> 4900 Sonoma      |
| <input type="checkbox"/> 0900 El Dorado    | <input type="checkbox"/> 3500 San Benito    | <input type="checkbox"/> 5000 Stanislaus  |
| <input type="checkbox"/> 1000 Fresno       | <input type="checkbox"/> 3800 San Francisco | <input type="checkbox"/> 5500 Tuolumne    |
| <input type="checkbox"/> 2000 Madera       | <input type="checkbox"/> 3900 San Joaquin   | <input type="checkbox"/> 5700 Yolo        |
| <input type="checkbox"/> 2100 Marin        |   |   |

**8011 ANYWHERE IN THE SOUTHERN REGION** or make Southern Region county choices below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1300 Imperial    | <input type="checkbox"/> 2600 Mono           | <input type="checkbox"/> 4000 San Luis Obispo |
| <input type="checkbox"/> 1400 Inyo        | <input type="checkbox"/> 3000 Orange         | <input type="checkbox"/> 4200 Santa Barbara   |
| <input type="checkbox"/> 1500 Kern        | <input type="checkbox"/> 3300 Riverside      | <input type="checkbox"/> 5400 Tulare          |
| <input type="checkbox"/> 1600 Kings       | <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 5600 Ventura         |
| <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3700 San Diego      |   |



*Please notify the Department of Veterans Affairs, Examination Unit promptly of address or location preference changes at 1227 O Street, Room 404, Sacramento CA 95814 or (916) 653-2535.*

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 1

**Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.**

**PRINT OR TYPE--PLEASE SEE INSTRUCTIONS ON BACK PAGE**

APPLICANT IDENTIFICATION NUMBER (EASY ID)				EASY ID	
FIRST 3 LETTERS OF LAST NAME AT BIRTH	MONTH OF BIRTH	DAY OF BIRTH	Last 4 DIGITS OF SOCIAL SECURITY NUMBER	--	
APPLICANT'S NAME (Last)			(First)	(M.I.)	
MAILING ADDRESS (Number) (Street)			E-MAIL ADDRESS		WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)		HOME/VRS/TTY TELEPHONE NUMBER

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING	<b>PERSONNEL USE ONLY</b>
---	---------------------------

**ANSWER THE FOLLOWING QUESTIONS:**

1. Enter the county in which you would like to take the examination if different from the county of your residence: \_\_\_\_\_
2. Do you need reasonable accommodation to take an interview or written test? \_\_\_\_\_  Yes  No
3. Do your religious beliefs prevent you from taking an examination on Saturday? \_\_\_\_\_  Yes  No
4. Are you now employed by the State of California? (If "YES", fill in the information below.) \_\_\_\_\_  Yes  No  
 Department: \_\_\_\_\_ Subdivision: \_\_\_\_\_
5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If "Yes", give details in the Explanations section below. Refer to the instructions for further information.  Yes  No
6. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency?  Yes  No
7. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency?  Yes  No
8. In addition to English, list any other languages you:
  - a. possess verbal fluency in \_\_\_\_\_
  - b. possess written fluency in \_\_\_\_\_
9. I certify I can type at a speed of \_\_\_\_\_ words per minute. (For typing applicants only.)

**(ANSWER QUESTIONS 10 AND 11 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)**

10. Do you meet the minimum and/or maximum age requirements? \_\_\_\_\_  Yes  No
11. Do you possess a valid California Driver License? (If "YES", fill in the information below.) \_\_\_\_\_  Yes  No  
 License # \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**EXPLANATIONS**

**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.**

*I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.*

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY**

<b>Classes</b>	01	02	03	04	05	06				<b>Flags</b> _____	<b>FOR PERSONNEL USE ONLY</b>	
WC for Series/Levels										WC _____	STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> REJECTED WC	
RC/Flag for Series/Levels											EXPERIENCE	LICENSE REQUIREMENT
CODES											EDUCATION	OTHER
											STAFF	DATE PROCESSED

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 2

APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	EASY ID --
--------------------------------	----------------	---------------	---------------

**EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL?    IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?    IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

Yes     No     Yes     No

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

**LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.**  
*(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)*

LICENSE / CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION	

**EMPLOYMENT HISTORY— Begin with your most recent job. List each job separately.**

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

---

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

---

REASON FOR LEAVING



**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 3

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
-------------------------	---------	--------	---------------

**EMPLOYMENT HISTORY (Continued)**

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 4

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
-------------------------	---------	--------	---------------

**EMPLOYMENT HISTORY (Continued)**

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 5

**EQUAL EMPLOYMENT OPPORTUNITY**  
**(For Examination Use Only)**

**APPLICANT:** To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the California Department of Human Resources to retain this information for research and statistical purposes.

<b>SOCIAL SECURITY NUMBER</b>	<b>AGE</b> <input type="checkbox"/> Under 21 <sup>(1)</sup> <input type="checkbox"/> 21 - 39 <sup>(3)</sup> <input type="checkbox"/> 40-69 <sup>(6)</sup> <input type="checkbox"/> 70 and Over <sup>(7)</sup>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
-------------------------------	--	--

PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

**ASIAN GROUP**

- Asian Indian <sup>(M)</sup>
- Cambodian <sup>(U)</sup>
- Chinese <sup>(J)</sup>
- Filipino <sup>(G)</sup>
- Japanese <sup>(I)</sup>
- Korean <sup>(K)</sup>
- Laotian <sup>(V)</sup>
- Vietnamese <sup>(L)</sup>
- Other Asian Group <sup>(S)</sup>

**HISPANIC GROUP**

- Cuban <sup>(C)</sup>
- Mexican/Mexican American <sup>(A)</sup>
- Puerto Rican <sup>(B)</sup>
- Other Hispanic/Latino Groups <sup>(D)</sup>

**PACIFIC ISLANDER GROUP**

- Guamanian or Chamorro <sup>(R)</sup>
- Hawaiian <sup>(P)</sup>
- Samoan <sup>(O)</sup>
- Other Pacific Islander Group <sup>(T)</sup>

**OTHER GROUPS**

- Aleut <sup>(O)</sup>
- American Indian/Native American <sup>(H)</sup>
- Black/African American <sup>(F)</sup>
- Eskimo <sup>(N)</sup>
- White <sup>(E)</sup>
- Other Racial Group <sup>(X)</sup>
- Choose not to Identify <sup>(Z)</sup>

- DISABILITY** <sup>(Y)</sup>—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.
- MILITARY**—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 6

**INSTRUCTIONS**

Read the following instructions carefully before completing this application. Please complete the application on a personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

**Easy ID** – Filling out this section is no longer required and will be removed in a future version of this application.

**Social Security Number** – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). However, if the Social Security number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference, Career Credits, written test waivers, or to check for eligibility in promotional examinations and job positions.

**Telephone Number** – Provide your 10-digit home, mobile, or work telephone number. You may also provide a Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

**Examination(s) or Job Title(s)** – Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., state employee, veteran, legislative employee, etc.). If applying for a job position, enter the class title of the job position for which you are applying.

**Question 2** – Reasonable accommodation will be provided to applicants who need assistance to take an interview or written test. If you check "Yes" you will be contacted via telephone or mail to make specific arrangements.

**Question 5** – Employment History/Discharges. Question 5 must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes." Explain any "Yes" answers in the Explanations section. Briefly describe the facts, findings, any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer "Yes" to Question 5 if:

- you have been rejected during a probationary period; or
- your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
- a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period,

applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application.

**Question 6** – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "Yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within California state civil service, where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with the state or *any* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University.

**Question 7** – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a *particular* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer "Yes" to this question, please provide the name of the particular agency and the details in the Explanations section.

**Questions 10 and 11** – These questions should be answered only if the examination bulletin indicates a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 7

**Explanations** – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

**Applicant's Signature** – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected. Electronic submission of your application through Cal Career Account certifies your application in place of a signature and date signed.

**Education** – You must include a complete record of your training and educational background. Please read the requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, you may attach additional documentation.

**Licenses** – If the examination bulletin requires a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

**Employment History and Experience** – You must include a complete list of your paid and/or volunteer work experience **that relates to the qualification requirements specified on examination bulletin**. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they directly relate to the job for

which you are applying. **State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.**

**Equal Employment Opportunity Page** – Providing this information is voluntary. This data is only to be used for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

**Examinations Granting Veterans' Preference** – If you have not previously applied and been approved for Veterans' Preference, you must complete and submit the Veterans' Preference Form, CALHR-1093 to the California Department of Human Resources.

**NOTE:** Your completed application and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code section 18934. This application and other confidential information **will not be returned**; therefore, it is recommended that you keep a copy of your completed application for your personal records. Your rights to inspect your examination papers are set forth in Section 186-189 of Title 2 of the California Code of Regulations, which can be accessed at Office of Administrative Law web site at: [oal.ca.gov](http://oal.ca.gov)

**PLEASE ENTER YOUR NAME ON PAGES WHERE INDICATED  
AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.**