



## Certified Nursing Assistant Examination Announcement

*Open Examination for the Following Location(s): Veterans Home of California –  
Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles and Yountville*

Final Filing Date: Continuous Filing

Salary: \$2,237.00 - \$3,007.00

### EEO

An equal opportunity employer to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or 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: Certified Nursing Assistant  
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 Certified Nursing Assistant 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

Possession of a current Nursing Assistant Certificate issued by the Department of Health Services. **And** Six months of patient care experience as (1) a medical corpsman in a branch of the armed forces; (2) a practical vocational nurse under the direction of a doctor; or (3) an attendant caring for the physically ill, handicapped or disabled patients in a public or private institution.

## POSITION DESCRIPTION

Under medical or licensed nursing supervision at the Veterans Home of California, to provide nursing care to primarily geriatric patients who are physically ill, disabled, or convalescent; assist the physician or nurse with examination and treatments of patients; motivate and assist patients in developing and utilizing their maximum potential for self-care; and do other related work.

## 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 at the Veterans Homes in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles and/or Yountville.

## 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

Concern for and interest in working with patients: sympathetic understanding of the patient; willingness to comply with prescribed procedures; patience and emotional stability.

## KNOWLEDGE, SKILLS, ABILITIES, & PERSONAL CHARACTERISTICS

### Knowledge of:

1. Knowledge of routine Activities of Daily Living (e.g. bathing, feeding, lifting, and transporting patients) to ensure safety and without risk of harm to the patients.
2. Knowledge of routine hospital techniques of making beds and caring for patients' clothing and property to ensure quality and consistent care for patients.
3. Knowledge of hospital routine and procedures to ensure quality and consistent care for patients.
4. Knowledge of proper methods and attitudes involved in meeting the physical needs of physically and mentally challenged patients to ensure quality and consistent care for patients.
5. Knowledge of proper methods and attitudes involved in meeting the psychosocial needs of physically and mentally challenged patients to ensure quality and consistent care for patients.
6. Knowledge of proper methods and attitudes in assisting medically trained personnel to ensure consistent coordination and communication.
7. Knowledge of overall first aid methods to ensure safety and without risk of harm to patients.
8. Knowledge of overall methods of infection control (e.g., standard and transmission-based precautions, surface disinfectants, personal protective equipment) to provide a safe living and working environment.
9. Knowledge of basic principles used in caring for individuals who are immobile in order to provide safe and effective care to patients.
10. Knowledge of basic time management techniques in order to prioritize and complete job assignment during the course of the work day.

### Ability to:

1. Ability to develop skills in the performance of routine Activities of Daily Living (e.g. bathing, feeding, lifting and transporting patients) to ensure safety and without risk of harm to patients.
2. Ability to develop skills in the performance of routine hospital techniques of making beds and caring for patient's clothing and other property to ensure quality and consistent care for patients.
3. Ability to assist medically trained personnel in order to enhance the quality of professional working relationships.
4. Ability to communicate effectively verbally, electronically and in writing in order to provide and/or exchange information.
5. Ability to keep simple records for the purpose of documenting information and comply with departmental policies and procedures.
6. Ability to understand and follow both verbal and written directions in order to successfully perform functions of the job.
7. Ability to recognize situations accurately and participate in an appropriate course of action.
8. Ability to gain the interest, respect, and cooperation of patients in order to enhance the quality of professional working relationships.
9. Ability to practice standard and transmission-based precautions in order to take effective action
10. Ability to recognize and properly dispose of bio-hazardous and hazardous waste in order to ensure a safe work place.
11. Ability to stand for prolonged periods of time in order to provide direct patient care.
12. Ability to assist and prepare patients for treatments administered by a health care provider.
13. Ability to prioritize and complete job assignment during the course of the work day.

## 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 [www.jobs.ca.gov](http://www.jobs.ca.gov) and on the Application for Veterans Preference form ([CalHR 1093](#)). Additional information is also available at the Department of Veterans Affairs website at [www.calvet.ca.gov](http://www.calvet.ca.gov).

### 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: [Certified Nursing Assistant](#)

### 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 [www.jobs.ca.gov](http://www.jobs.ca.gov), 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 [www.spb.ca.gov](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 FOR  
CERTIFIED NURSING ASSISTANT**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for **Certified Nursing Assistant**, with the California Department of Veterans Affairs (CalVet). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by California Department of Veterans Affairs (CalVet) to fill existing vacancies at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles, and Yountville**. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may be disqualified or receive a lower score from this examination.**

**THIS AFFIRMATION MUST BE COMPLETED.**

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_

Return your completed Qualifications Assessment **AND** your completed Standard State Application (Std. Form 678) to the address below. They may be mailed or filed in person to the following location:

California Department of Veterans Affairs  
1227 O Street, Room 404  
Sacramento, CA 95814  
**Attn: Certified Nursing Assistant**

**NOTE:**

- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Your completed Qualifications Assessment must include your original signature.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. Form 678 may be downloaded from the California Department of Human Resources (CalHR) website at <http://jobs.ca.gov/Profile/StateApplication>.

## **GENERAL INSTRUCTIONS**

### **Read and follow instructions carefully.**

This process is the entire examination for the **CERTIFIED NURSING ASSISTANT** classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination.**

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on a separate eligible list for the classification listed above.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for **Certified Nursing Assistant**. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Minimum Qualifications (page 4)
- Job Requirements (page 4)
- Work Experience – Certified Nursing Assistant (pages 5-6)

### **YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

**PRIOR STATE EMPLOYMENT INFORMATION**

Complete this next 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>

**CONDITIONS OF EMPLOYMENT**

**PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.**

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

**LOCATION(S) YOU ARE WILLING TO WORK**

Please choose the location(s) you are willing to work. You may choose more than one location; however, if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are far from your residence.

(3601) Barstow

(4504) Redding

(3702) Chula Vista

(5609) Ventura

(1005) Fresno

(1975) West Los Angeles

(1938) Lancaster

(2804) Yountville

**TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT**

Please choose the type(s) of appointment you are willing to accept. You may check one or more items.

Check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time

(K) Limited-Term Full-Time

(A) Any

(V) Permanent Part-Time

(W) Limited-Term Part-Time

(T) Permanent Intermittent

(X) Limited-Term Intermittent

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

**MINIMUM QUALIFICATIONS**

*All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your State Application (STD. Form 678) clearly indicates your education, experience, and licensure information needed to meet the minimum qualifications for this examination.*

**Minimum Qualifications:** Possession of a current Nursing Assistant Certificate issued by the Department of Health Services.                      And

Six months of patient care experience as (1) a medical corpsman in a branch of the armed forces; (2) a practical vocational nurse under the direction of a doctor; or (3) an attendant caring for the physical ill, handicapped or disabled patients in a public or private institution.

Please indicate if you have the following:  
Do you possess a valid, current certificate from the State of California Department of health Services to practice as a Certified Nursing Assistant?  
 Yes     No    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 policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<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 keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I**  
**WORK EXPERIENCE – CERTIFIED NURSING ASSISTANT**

**INSTRUCTIONS:** To respond appropriately to items “1 through 17”, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Level of Experience” **AND** one box for each item under “Frequency”).

	LEVEL OF EXPERIENCE				FREQUENCY			
	I have performed less than 6 months Experience performing this task.	I have 6 months to 1 year experience performing this task.	I have 1 year to 3 years' experience performing this task.	I have more than 3 years' experience performing this task.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p><b>LEVEL OF EXPERIENCE:</b> Mark the appropriate box that best describes your level of experience for each item. <b>There should be 1 check mark for each item.</b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b>There should be 1 check mark for each item.</b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Level of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>								
1. Perform routine hospital techniques for bathing, feeding, making beds and caring for patient’s clothing and other property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Perform nursing assistant duties such as positioning, ambulating, transferring, and turning bed-ridden patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obtain and record vital signs (e.g., blood pressure, pulse, temperature, respiration).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Measure and record patient’s height, weight, intake and output of fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Collect and label urine and stool specimens for laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Observe, chart, and report patient’s clinical symptoms, behavior, and treatment administered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prepare patients for examination by physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Escort patients by wheelchair or walker to intramural or extramural medical, health, or other community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Perform immediate and temporary interventions to patients in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Encourage patients to develop and maintain muscle tone and range of motion to increase ability to perform daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

living activities.									
	LEVEL OF EXPERIENCE				FREQUENCY				
<p><b>LEVEL OF EXPERIENCE:</b> Mark the appropriate box that best describes your level of experience for each item. <b>There should be 1 check mark for each item.</b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b>There should be 1 check mark for each item.</b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Level of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>	I have performed less than 6 months Experience performing this task.	I have 6 months to 1 year experience performing this task.	I have 1 year to 3 years' experience performing this task.	I have more than 3 years' experience performing this task.		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
11. Motivate and assist patients to develop self-reliance in activities of daily living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide assistance to staff/personnel with admission, transfer, or discharge of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintain infection control by using standard and transmission based precautions, hand hygiene, and personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist with placing, removing and cleaning patient's prosthetic devices and hearing aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide care of patients with tubing (catheters and O2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Encourage patients in accepting and using special devices and equipment (e.g., cane, walker).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Encourage patient participation in activities to improve their mental outlook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR  
 CERTIFIED NURSING ASSISTANT.**

Please refer to page one for mailing instructions

**EXAMINATION/EMPLOYMENT APPLICATION**

STD. 678 (REV. 6/2010) 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.)	SOCIAL SECURITY NUMBER		
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**

**PERSONNEL USE ONLY**

**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? (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".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the Explanations section.  YES  NO
6. In addition to English, list any other languages you:
  - a. possess verbal fluency in \_\_\_\_\_
  - b. possess written fluency in \_\_\_\_\_
7. I certify I can type at a speed of \_\_\_\_\_ words per minute. (For typing applicants only.)

**(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)**

8. Do you meet the minimum and/or maximum age requirements? .....  YES  NO
9. 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
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**APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY**

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

**EXAMINATION/EMPLOYMENT APPLICATION**

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APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	EASY ID
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**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		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

**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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION/EMPLOYMENT APPLICATION**

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID
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**EMPLOYMENT HISTORY (Continued)**

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION/EMPLOYMENT APPLICATION**

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID
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**EMPLOYMENT HISTORY (Continued)**

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB 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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION/EMPLOYMENT APPLICATION**

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## 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 State Personnel Board to retain this information for research and statistical purposes.

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		
AGE	GENDER				
<input type="checkbox"/> (1) UNDER 21 <input type="checkbox"/> (3) 21 - 39 <input type="checkbox"/> (6) 40 - 69 <input type="checkbox"/> (7) 70 AND OVER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				

**Ethnic Category (Please check the box that best describes your race/ethnicity.):**

(7) **AMERICAN INDIAN OR ALASKAN NATIVE**—Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.  
 ENTER TRIBAL IDENTIFICATION OR AFFILIATION \_\_\_\_\_

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(2) **ASIAN**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

(1) **BLACK**—Persons having origins in any of the black racial groups of Africa.

(8) **FILIPINO**—Persons having origins in any of the original peoples of the Philippine Islands.

(4) **HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

(6) **PACIFIC ISLANDERS**—Persons having origins in the Pacific Islands, such as Samoa.

(5) **WHITE**—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Check if:**

(3) **OTHER** (Specify) \_\_\_\_\_

(Y) **DISABLED**—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.

**How did you learn of this Examination?**

<input type="checkbox"/> TELEPHONE JOB LINE	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> INTERNET
<input type="checkbox"/> ADVERTISEMENT IN _____	<input type="checkbox"/> EXAMINATION BULLETIN LOCATED AT _____	

## THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**EXAMINATION/EMPLOYMENT APPLICATION****INSTRUCTIONS**

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or 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** - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your social security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

**Social Security Number** - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 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 points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

**Home/VRS/TTY Number** - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

**Examination Title/Job Title** - 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., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy 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. Explain any "Yes" answers in the Explanations section. Include the facts in brief, the grounds for 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, however, 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.

**Questions 8 and 9** - These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

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

**Signature** - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

**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, attach additional sheet(s).

**Licenses** - If the examination bulletin calls for 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.

**Experience** - You must include a complete list of your paid and/or volunteer work experience **which relates to the qualification requirements specified on the 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 relate directly 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.**

**Examinations Granting Veteran's Preference Points** - If you have not previously applied for and been approved Veteran's Points, you must apply for the points by completing and submitting the Application for Veteran's Preference Form SPB-1093 to the State Personnel Board.

**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, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov).

**PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!**