Hospital Administrative Resident II
Examination Announcement

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

Final Filing Date: December 30, 2016
Salary: $5,470.00 - $6,796.00

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 and Qualifications Assessment to the Human Resources Division at the address listed below. Applications (STD. 678) are available at CalHR’s website www.jobs.ca.gov.

The Qualifications Assessment for Hospital Administrative Resident II can be downloaded from the California Department of Veterans Affairs web site at: www.calvet.ca.gov or copies may be obtained by calling (916) 653-2535, or by going to the address listed below.

California Department of Veterans Affairs (CalVet)
Attn: Hospital Administrative Resident II Exam
1227 O Street, Room 404
Sacramento, CA 95814

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

All mailed applications must be POSTMARKED no later than the final filing date or will not be accepted for any reason. Applications that are personally delivered or sent via interoffice mail must be received at the above address before the close of business 5:00 p.m. on the final filing date or will not be accepted for any reason.
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

Either I

One year of experience in the California state service performing the duties of a Hospital Administrative Resident I.

Or II

One year of experience in the California state service either:

1. Performing analytical staff work at a level of responsibility comparable to an Associate Governmental Program Analyst. or

2. Performing supervisory duties in an administrative, business services or health care activity at a level of responsibility comparable to a Hospital General Services Administrator II.

Or III

Four years of experience in the field of business, health care, hospital or public administration performing one or more of the following nonclinical activities: fiscal, organization, procedure and personnel management, hospital business services, plant operation and maintenance, service and supply operations, patient trust administration, food service management or program review.

(One year of graduate work in business, health care, hospital or public administration, or a related field may be substituted for six months of the required experience.)

POSITION DESCRIPTION

Assignments include assisting the Developmental Center or State Hospital Medical Director or Clinical Administrator in planning, coordinating, and directing management support activities of the hospital. Assignments include supervision of several nonclinical support activities as well as involvement in major Developmental Center or State Hospital administrative improvement projects.

ELIGIBLE LIST INFORMATION

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 Home in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles and 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.

KNOWLEDGE AND ABILITIES

Knowledge of:
1. The principles, practices, and trends in hospital, health care, business, or public administration.
2. Administrative and support services found in a large hospital or health care facility.
3. The department’s Equal Employment Opportunity (EEO) objectives.
4. A supervisor’s role in the EEO Program and the processes available to meet EEO objectives.

Ability to:
1. Learn and apply the principles involved in effective hospital or health care administration.
2. Prepare clear and concise reports.
3. Analyze data and draw logical conclusions.
4. Establish and maintain cooperative working relationships.
5. Plan, organize, direct, and evaluate the support and administrative services found in a large hospital.
6. Effectively contribute to the department’s EEO objectives.

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 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.

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: Hospital Administrative Resident II

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, 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.

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.
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.

☐ 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.
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 the Department of Veterans Affairs 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: 123-555-5555
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
## 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.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>FREQUENCY SCALE</th>
<th>VERIFICATION</th>
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<tbody>
<tr>
<td></td>
<td>I have performed this task for:</td>
<td>I have performed this task:</td>
<td>Employment (Emp)/ Education (Edu)</td>
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<td></td>
<td>4 - More than five years</td>
<td>4 - More than 30 times</td>
<td>☑ Emp A</td>
</tr>
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<td></td>
<td>3 - More than three years and up to five years</td>
<td>3 - At least 21-30 times</td>
<td>☑ Emp B</td>
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<td></td>
<td>2 - More than one year and up to three years</td>
<td>2 - At least 11-20 times</td>
<td>☑ Emp C</td>
</tr>
<tr>
<td></td>
<td>1 - More than six months and up to one year</td>
<td>1 - At Least 1-10 times</td>
<td>☑ Emp D</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>0 - 0 times</td>
<td>☑ Emp__</td>
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<tr>
<td>1.</td>
<td>Develop Human Resources training curriculum (e.g. classification &amp; pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.</td>
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<td>2.</td>
<td>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.</td>
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<td>1</td>
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</table>
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.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>EXPERIENCE / EDUCATION</th>
<th>VERIFICATION</th>
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</thead>
<tbody>
<tr>
<td>I have applied this knowledge, skill, and/or ability for:</td>
<td></td>
<td>EMPLOYMENT (Emp)/EDUCATION (Edu)</td>
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<tr>
<td>4 - More than five years</td>
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<td>3 - More than three years and up to five years</td>
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<td>2 - More than one year and up to three years</td>
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<tr>
<td>1 - More than six months and up to one year</td>
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</tr>
<tr>
<td>0 - Zero to six months</td>
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</tbody>
</table>

3. Knowledge of training techniques to ensure informative and engaging discussions for various audiences.
   - 3
   - Emp A
   - Emp B
   - Emp C
   - Emp D
   - Emp__

4. Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.
   - 2
   - Emp A
   - Emp B
   - Emp C
   - Emp D
   - Emp__
**INTENTIONALLY LEFT BLANK**
Hospital Administrative Resident II
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 Hospital Administrative Resident II 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 the Department of Veterans Affairs 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
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:

EITHER I

One year of experience in the California state service performing the duties of a Hospital Administrative Resident I.

OR II

One year of experience in the California state service either:

1. Performing analytical staff work at a level of responsibility comparable to an Associate Governmental Program Analyst. or

2. Performing supervisory duties in an administrative, business services or health care activity at a level of responsibility comparable to a Hospital General Services Administrator II.

OR III

Four years of experience in the field of business, health care, hospital or public administration performing one or more of the following nonclinical activities: fiscal, organization, procedure and personnel management, hospital business services, plant operation and maintenance, service and supply operations, patient trust administration, food service management or program review.

(One year of graduate work in business, health care, hospital or public administration, or a related field may be substituted for six months of the required experience.)

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
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<tr>
<td>2. Are you willing to report to work on time and follow procedures for reporting absences?</td>
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<tr>
<td>3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?</td>
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<td>4. Are you willing to undergo an annual health review?</td>
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<td>5. Are you willing to keep current with the completion of all required training?</td>
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</tbody>
</table>
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.

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<tr>
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<th>EXPERIENCE / EDUCATION SCALE</th>
<th>FREQUENCY SCALE</th>
<th>VERIFICATION</th>
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<td>I have performed this task for:</td>
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<td>Employment (Emp)/Education (Edu)</td>
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<tr>
<td>4</td>
<td>More than two years</td>
<td>4 - More than 30 times</td>
<td>□ EmpA □ EduA</td>
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<tr>
<td>3</td>
<td>More than one year and up to two years</td>
<td>3 - At least 21-30 times</td>
<td>□ EmpB □ EduB</td>
</tr>
<tr>
<td>2</td>
<td>More than six months and up to one year</td>
<td>2 - At least 11-20 times</td>
<td>□ EmpC □ EduC</td>
</tr>
<tr>
<td>1</td>
<td>Less than six months</td>
<td>1 - At Least 1-10 times</td>
<td>□ EmpD □ EduD</td>
</tr>
<tr>
<td>0</td>
<td>Not performed</td>
<td>0 - 0 times</td>
<td>□ Emp_ □ Edu_</td>
</tr>
</tbody>
</table>

1. Perform complex and varied staff analysis duties, review and make recommendations on administrative management issues involving the non-clinical operation of a state hospital

2. Supervise non-clinical support activities such as fiscal, organizational, procedural or personnel management, business services, plant maintenance and operation, service and supply, patient trust administration, food service management and program review

3. Receive comprehensive exposure to administrative functions, management of support and ancillary services, training and research programs, as appropriate
## Hospital Administrative Resident II

### QUALIFICATIONS ASSESSMENT EXAMINATION

### EXPERIENCE / EDUCATION SCALE

I have performed this task for:

- **4** - More than two years
- **3** - More than one year and up to two years
- **2** - More than six months and up to one year
- **1** - Less than six months
- **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 SCALE

<table>
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<tr>
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<th>FREQUENCY SCALE</th>
<th>VERIFICATION</th>
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</thead>
<tbody>
<tr>
<td>4.</td>
<td>Assist in planning, coordinating and directing management support activities</td>
<td></td>
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<tr>
<td>5.</td>
<td>Complete special projects which have hospital-wide and/or department wide impact and are of considerable complexity</td>
<td></td>
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<tr>
<td>6.</td>
<td>Participate in the development of policy and organizational/budget decisions for Administrative Services and the hospital</td>
<td></td>
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<tr>
<td>7.</td>
<td>Participate in the Budget Change Proposal process for the hospital, including development and writing of Budget Change Concepts and Proposals, and providing follow-up documentation and information</td>
<td></td>
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<tr>
<td>8.</td>
<td>Receive comprehensive exposure to accreditation issues by providing support and assistance in Standards Compliance Department</td>
<td></td>
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<tr>
<td>9.</td>
<td>Participate in hospital wide survey preparation activities, USDVA annual survey, and in development of Plans of Correction following the survey as required</td>
<td></td>
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<tr>
<td>10.</td>
<td>Provide leadership on the continued implementation of Performance Improvement</td>
<td></td>
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<td>11.</td>
<td>Ensure the completion of Facility Plan Objectives</td>
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<td>ITEM</td>
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<td>FREQUENCY SCALE</td>
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<td>I have performed this task for:</td>
<td>I have performed this task:</td>
<td>Employment (Emp)/Education (Edu)</td>
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<td>4 - More than two years</td>
<td>4 - More than 30 times</td>
<td>Emp A</td>
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<td></td>
<td>3 - More than one year and up to two years</td>
<td>3 - At least 21-30 times</td>
<td>Emp B</td>
</tr>
<tr>
<td></td>
<td>2 - More than six months and up to one year</td>
<td>2 - At least 11-20 times</td>
<td>Emp C</td>
</tr>
<tr>
<td></td>
<td>1 - Less than six months</td>
<td>1 - At Least 1-10 times</td>
<td>Emp D</td>
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<td></td>
<td>0 - Not performed</td>
<td>0 - 0 times</td>
<td>Emp_</td>
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</table>

12. Prepare clear, concise and comprehensive statistical reports and other related administrative reports

13. Gather, analyze and prepare data and information for recommendations to executive staff

14. Provide leadership in development and analysis of performance improvement indicators for Administrative Services and for the Process Management Teams (PMT) as required

15. Serve as a member of the Executive committee, Policy Management Conference, Administrative Management Team, and other committees as required

16. Act as Hospital Administrator as assigned

17. Participate in unit visits as required

18. Serve as Executive Officer of the day as required

19. Promote the department’s Equal Employment Opportunity program in the hiring process to ensure compliance
## Hospital Administrative Resident II

### QUALIFICATIONS ASSESSMENT EXAMINATION

**Name:**

### EXPERIENCE / EDUCATION SCALE

- I have performed this task for:
  - **4** - More than two years
  - **3** - More than one year and up to two years
  - **2** - More than six months and up to one year
  - **1** - Less than six months
  - **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

### ITEM | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION
--- | --- | --- | ---
20. | Carry out supervisor responsibilities in the workplace with regard to policies and mandates concerning Equal Employment Opportunity, American Disability Act, and other personnel practices | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
21. | Attend training classes as mandated by the department for managers and supervisors | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
22. | Initiates and/or participates in the Progressive Disciplinary process to correct/improve employee performance/behavior or address issues of substandard performance | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
23. | Develop and maintain a good working relationship with interdepartmental personnel within the facility and other health related facilities and organizations | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
24. | Develop and maintain quality working relationships with members of the public and senior city/county leaders on an on-going basis | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
25. | Represents the Veterans Home, the Home Administrator and CDVA in functions and activities involving local, regional and state-wide leaders | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
26. | Attend training classes and obtain certification for administrators of Residential Care Facilities for the Elderly (RCFE) | | Emp A | Edu A
| Emp B | Edu B
| Emp C | Edu C
| Emp D | Edu D
| Emp_ |
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 1-14, 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.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>VERIFICATION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I have applied this knowledge, skill, and/or ability for:</td>
<td>Employment (Emp)/ Education (Edu)</td>
</tr>
<tr>
<td></td>
<td>4 - More than two years</td>
<td>□ Emp A □ Edu A</td>
</tr>
<tr>
<td></td>
<td>3 - More than one year and up to two years</td>
<td>□ Emp B □ Edu B</td>
</tr>
<tr>
<td></td>
<td>2 - More than six months and up to one year</td>
<td>□ Emp C □ Edu C</td>
</tr>
<tr>
<td></td>
<td>1 - Less than six months</td>
<td>□ Emp D □ Edu D</td>
</tr>
<tr>
<td></td>
<td>0 - I have not applied it to an actual job</td>
<td>□ Emp_</td>
</tr>
</tbody>
</table>

1. Thorough knowledge of the principles, practices, and trends in hospital, health care, business, or public administration

   □ Emp A □ Edu A
   □ Emp B □ Edu B
   □ Emp C □ Edu C
   □ Emp D □ Edu D
   □ Emp_

2. Thorough knowledge of Administrative and support services found in a large hospital or health care facility

   □ Emp A □ Edu A
   □ Emp B □ Edu B
   □ Emp C □ Edu C
   □ Emp D □ Edu D
   □ Emp_ 

3. Thorough knowledge of department’s Equal Employment Opportunity (EEO) program objectives

   □ Emp A □ Edu A
   □ Emp B □ Edu B
   □ Emp C □ Edu C
   □ Emp D □ Edu D
   □ Emp_
<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPLANATION</th>
<th>EXPERIENCE / EDUCATION</th>
<th>VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Thorough knowledge of a supervisor’s role in the implementation of the Equal Employment Opportunity Program policy in hiring, promotion, and employee development and the processes available to meet equal employment action objectives</td>
<td>I have applied this knowledge, skill, and/or ability for:</td>
<td>Employment (Emp)/Education (Edu)</td>
</tr>
<tr>
<td>5.</td>
<td>Thorough knowledge of operating a personal computer</td>
<td>4 - More than two years</td>
<td>□ Emp A □ Edu A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 - More than one year and up to two years</td>
<td>□ Emp B □ Edu B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 - More than six months and up to one year</td>
<td>□ Emp C □ Edu C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 - Less than six months</td>
<td>□ Emp D □ Edu D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 - I have not applied it to an actual job</td>
<td>□ Emp_ □ Edu_</td>
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<tr>
<td>6.</td>
<td>Extensive knowledge of the principles of effective supervision</td>
<td></td>
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<tr>
<td>7.</td>
<td>Ability to learn and apply the principles involved in planning, coordinating and directing management support activities in a hospital or health care setting</td>
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<tr>
<td>8.</td>
<td>Ability to prepare clear and concise reports in order to effectively document information</td>
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<td>9.</td>
<td>Ability to analyze data, draw logical conclusions, and prepare statistical reports and recommendations for senior leadership consideration</td>
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<tr>
<td>10.</td>
<td>Ability to establish and maintain cooperative working and interrelationships with individuals, co-workers, residents, community and regional leaders in the course of work</td>
<td></td>
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<tr>
<td>11.</td>
<td>Ability to plan, organize, direct, and evaluate the support and administrative services found in a large hospital</td>
<td></td>
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<tr>
<td>ITEM</td>
<td>EXPERIENCE / EDUCATION SCALE</td>
<td>VERIFICATION</td>
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<tr>
<td></td>
<td>I have applied this knowledge, skill, and/or ability for:</td>
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<td></td>
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<tr>
<td></td>
<td>4 - More than two years</td>
<td>□ Emp A  □ Edu A</td>
<td></td>
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<tr>
<td></td>
<td>3 - More than one year and up to two years</td>
<td>□ Emp B  □ Edu B</td>
<td></td>
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<tr>
<td></td>
<td>2 - More than six months and up to one year</td>
<td>□ Emp C  □ Edu C</td>
<td></td>
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<tr>
<td></td>
<td>1 - Less than six months</td>
<td>□ Emp D  □ Edu D</td>
<td></td>
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<tr>
<td>0</td>
<td>I have not applied it to an actual job</td>
<td>□ Emp_</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Ability to effectively contribute to the department’s Equal Employment Opportunity objectives</td>
<td>□ Emp A  □ Edu A</td>
<td></td>
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<tr>
<td>13.</td>
<td>Ability to analyze situations accurately and implement an effective course of action</td>
<td>□ Emp B  □ Edu B</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Ability to communicate effectively, both verbally and in writing</td>
<td>□ Emp C  □ Edu C</td>
<td></td>
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</tbody>
</table>

□ Emp D  □ Edu D
□ Emp_
If you are successful in this examination, your name will be placed on an active employment list for 12 months and utilized to fill vacancies. Before you mark this form, please consider relocation and distance. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a great distance from your residence. You may choose multiple locations.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Select at least one of the following types of appointment options:

1. On a permanent basis, I am willing to work:
   - [ ] Full-Time
   - [ ] Part-Time (12 months per year, less than 40 hours/week)
   - [ ] Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)

2. On a temporary basis, I am willing to work:
   - [ ] Full-Time
   - [ ] Part-Time (12 months per year, less than 40 hours/week)
   - [ ] Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)

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

- [ ] VHC – Barstow (3601)
- [ ] VHC – Chula Vista (3702)
- [ ] VHC – Fresno (1005)
- [ ] VHC – Lancaster (1938)
- [ ] VHC – Redding (4504)
- [ ] VHC – Ventura (5609)
- [ ] VHC – West Los Angeles (1975)
- [ ] VHC – Yountville (2804)

*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.*
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

APPLICATION IDENTIFICATION NUMBER (EASY ID)
FIRST 3 LETTERS OF LAST NAME AT BIRTH [ ] MONTH OF BIRTH [ ] DAY OF BIRTH [ ] Last 4 DIGITS OF SOCIAL SECURITY NUMBER [ ] EASY ID [ ]

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/AIRPORT 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?

3. Do your religious beliefs prevent you from taking an examination on Sunday?

4. Are you now employed by the State of California? (If "YES", fill in the information below.)

   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.

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?

9. Do you possess a valid California Driver License? (If "YES", fill in the information below.)

   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

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<tr>
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<th>02</th>
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<th>04</th>
<th>05</th>
<th>06</th>
<th>Flags</th>
<th>WC for Serial/Levels</th>
<th>WC Flag for Serial/Levels</th>
<th>CODES</th>
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<td>STAFF</td>
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**EXAMINATION / EMPLOYMENT APPLICATION**

**STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES**

STD. 478 (REV. 10/2013) Page 2

**APPLICANT'S NAME (Last) (First) (M.I.)**

---

**EDUCATION**

Did you graduate from high school? [ ] Yes [ ] No 
If not, do you possess a GED or equivalent? [ ] Yes [ ] No
If not, enter the highest grade you completed.

<table>
<thead>
<tr>
<th>UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL</th>
<th>COURSE OF STUDY</th>
<th>UNITS COMPLETED SEMESTER</th>
<th>UNITS COMPLETED QUARTER</th>
<th>DIPLOMA, DEGREE OR CERTIFICATE OBTAINED</th>
<th>DATE COMPLETED</th>
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**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.)*

<table>
<thead>
<tr>
<th>LICENSE / CERTIFICATION NUMBER</th>
<th>ISSUE DATE</th>
<th>EXPIRATION DATE</th>
<th>IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION</th>
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</tbody>
</table>

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

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<thead>
<tr>
<th>FROM (MM/DD/YYYY) TO (MM/DD/YYYY)</th>
<th>TITLE JOB CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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</thead>
<tbody>
<tr>
<td>HOURS PER WEEK</td>
<td>TOTAL WORKED (Years/Months) COMPANY/STATE AGENCY NAME</td>
<td>SUPERVISOR PHONE NUMBER</td>
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<tr>
<td>SALARY EARNED PER</td>
<td>ADDRESS</td>
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DUTIES PERFORMED

REASON FOR LEAVING

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<th>TITLE JOB CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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<tr>
<td>HOURS PER WEEK</td>
<td>TOTAL WORKED (Years/Months) COMPANY/STATE AGENCY NAME</td>
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<tr>
<td>SALARY EARNED PER</td>
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DUTIES PERFORMED

REASON FOR LEAVING

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### Employment History (Continued)

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<th>FROM (M/D/Y)</th>
<th>TO (M/D/Y)</th>
<th>JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
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</thead>
<tbody>
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**REASON FOR LEAVING**
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.

SOCIAL SECURITY NUMBER

AGE
☐ Under 21 ☐ 21 - 39 ☐ 40 - 69 ☐ 70 and Over

GENDER
☐ Male ☐ Female

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

ASIAN GROUP
☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian ☐ Vietnamese ☐ Other Asian Group

HISPANIC GROUP
☐ Cuban ☐ Mexican/Mexican American ☐ Puerto Rican ☐ Other Hispanic/Latino Groups

PACIFIC ISLANDER GROUP
☐ Guamanian or Chamorro ☐ Hawaiian ☐ Samoan

OTHER GROUPS
☐ Aleut ☐ American Indian/Native American ☐ Black/African American ☐ Eskimo ☐ White ☐ Other Racial Group ☐ Choose not to Identify

☐ DISABILITY — 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
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;
- 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 factual 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 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, 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 California Department of Human Resources’s web site at www.calhr.ca.gov.