



Rehabilitation Therapist, State Facilities (Art) 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: \$5,571.00 - \$6,560.00

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.

California Department of Veterans Affairs (CalVet)
Attn: Rehabilitation Therapist (Art)
1227 O Street, Room 404
Sacramento, CA 95814

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

[The Qualifications Assessment for the Rehabilitation Therapist \(Art\) 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

Completion of an approved clinical internship in the appropriate rehabilitation specialty in an approved hospital or rehabilitation center affiliated with the college.

(Individuals who are registered or certified with the appropriate therapy association but who have not completed a clinical internship because it was not a component of the academic program at the time are required to have completed a minimum of two years' full-time paid experience in a clinical, residential, or community-based setting after receipt of the required degree to be admitted into the exam.) **And**

Possession of a Master's Degree in Art Therapy or in Art with emphasis in Art Therapy, or registration with the American Art Therapy Association, or eligibility for such registration.

SPECIAL REQUIREMENTS

Objective and sympathetic understanding of the mentally, physically, developmentally, or geriatric disabled; tolerance; tact; and emotional stability.

DRUG TESTING REQUIREMENT

Applicants for positions in this class are required to pass a drug-screening test. Testing of current employees who are applicants in an examination or who are transferring is permitted only if the person does not have a current appointment to a class for which drug testing is a requirement.

POSITION DESCRIPTION

Persons in this specialty class apply therapeutic habilitation/rehabilitation knowledge, skills enhancement activities, and techniques to the problems of mental, physical, or developmental disabilities found in children, adolescents, adults, and geriatrics; assess individual needs and interests, determine appropriate habilitative/rehabilitative objectives, and develop activities to meet these objectives; conduct various forms of group and individual therapy; evaluate and document patient/resident response and progress; may work with other members of the interdisciplinary team to reinforce other treatment modalities; may participate in interdisciplinary team conferences regarding the habilitative/rehabilitative needs of patients/residents; may work with volunteers and student interns in rehabilitative therapy.

While all Rehabilitation Therapists will be involved in a wide range of habilitative and rehabilitative services, assignments will, to the greatest extent possible, be to positions requiring training and experience in a specific discipline such as:

Art

Uses the art process and product as reflections of an individual's developments, abilities, personality, concerns, and potential; provides a range of services, assessment, and treatment using specialized art therapy techniques. Art therapy is a service performed with individuals, groups, or families for the purpose of

achieving more adequate, satisfying, and productive life adjustments.

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 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, SKILLS, ABILITIES, & PERSONAL CHARACTERISTICS

Knowledge of:

1. The principles, procedures, techniques, trends, and literature of rehabilitation services, especially those relating to mental, physical, developmental, or geriatric disabilities.
2. The process of restoration, maintenance, and development of capabilities.
3. Principles of mental health education.
4. Scope and activities of private and public health and welfare agencies.
5. Characteristics of mental, emotional, physical, and developmental disorders.
6. Current trends in mental health, public health, and public welfare.
7. Federal and State programs in these fields.

Ability to:

1. Utilize and effectively apply required technical knowledge.
2. Establish and maintain the confidence and cooperation of persons contacted in the work.
3. Secure accurate clinical data and record such data systematically.
4. Compose clear, accurate, and concise reports.
5. Interpret statistical data.
6. Analyze situations accurately and take effective action.
7. Communicate effectively.

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: [Rehabilitation Therapist, State Facilities \(Art\)](#)

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. **NOTE: For peace officer classifications please refer to the testing department for special requirements.**

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



**QUALIFICATIONS ASSESSMENT FOR
REHABILITATION THERAPIST, STATE FACILITIES (ART)**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for REHABILITATION THERAPIST, STATE FACILITIES (ART) 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 result in disqualification or 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: _____

YOUR COMPLETED **STANDARD STATE APPLICATION (STD. FORM 678)** AND COMPLETED **QUALIFICATIONS ASSESSMENT** MUST INCLUDE YOUR ORIGINAL SIGNATURE. 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: REHABILITATION THERAPIST, STATE FACILITIES (ART) EXAM

NOTE:

- Candidates whose Qualifications Assessment is postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) or email applications will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the CA Department of Human Resources' website at <http://jobs.ca.gov/Profile/StateApplication>.

GENERAL INSTRUCTIONS

Read and follow instructions carefully.

This process is the entire examination for the REHABILITATION THERAPIST, STATE FACILITIES (ART) 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 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 **Rehabilitation Therapist, State Facilities (ART)**. 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 5)
- Work Experience – Rehabilitation Therapist, State Facilities [Art] (pages 6-8)
- Knowledge Assessment – Rehabilitation Therapist, State Facilities [Art] (page 9)

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"/>	YES
<input type="checkbox"/>	NO

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.

- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> (3601) Barstow | <input type="checkbox"/> (4504) Redding |
| <input type="checkbox"/> (3702) Chula Vista | <input type="checkbox"/> (5609) Ventura |
| <input type="checkbox"/> (1005) Fresno | <input type="checkbox"/> (1975) West Los Angeles |
| <input type="checkbox"/> (1938) Lancaster | <input type="checkbox"/> (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.

- | | | |
|-----------------------------------------------------|--------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (A) Any |
| <input type="checkbox"/> (V) Permanent Part-Time | <input type="checkbox"/> (W) Limited-Term Part-Time | |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (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

Completion of an approved clinical internship in the appropriate rehabilitation specialty in an approved hospital or rehabilitation center affiliated with the college.

(Individuals who are registered or certified with the appropriate therapy association but who have not completed a clinical internship because it was not a component of the academic program at the time are required to have completed a minimum of two years' full-time paid experience in a clinical, residential, or community-based setting after receipt of the required degree to be admitted into the exam.)

and

Possession of a Master's Degree in Art Therapy or in Art with emphasis in Art Therapy, or registration with the American Art Therapy Association, or eligibility for such registration.

<p>1. Have you completed an <u>approved clinical internship in Art Rehabilitation</u> in an <u>approved hospital or rehabilitation center affiliated with the college</u>?</p> <p>Dates (m-d-y): _____ to _____</p> <p>Name of approved hospital: _____</p> <p>Address: _____</p> <p>OR</p> <p>Name of rehabilitation center affiliated with the college: _____</p> <p>Address: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Do you have possession of a Master's Degree in Art Therapy or in Art with emphasis in Art Therapy?</p> <p>Date Degree Received (m-d-y): _____</p> <p>Name of university, college, or institution: _____</p> <p>Address: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Are you registered with the American Art Therapy Association? (Attach certificate.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you eligible to register with the American Art Therapy Association?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by checking 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 undergo annual health review including TB testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, contractors, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I
WORK EXPERIENCE – REHABILITATION THERAPIST, STATE FACILITIES (ART)**

INSTRUCTIONS: To respond appropriately to Items 1 - 11 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			
	Not performed	Performed less than 6 months	Performed 6 months to less than 1 year	Performed 1 year to less than 2 years	Performed 2 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>NOTE: There should be a total of TWO check marks for each item. ONE check mark for “Level of Experience” and ONE check mark for “Frequency.”</p> <p>ITEMS:</p>									
1. Conduct initial assessments of residents/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"/>	<input type="checkbox"/>
2. Develop group and individual rehabilitation therapy programs	<input type="checkbox"/>	<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. Implement and direct planned rehabilitation therapy programs using art activities	<input type="checkbox"/>	<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. Instruct residents/patients in art activities and art techniques	<input type="checkbox"/>	<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. Monitor and address safety concerns throughout therapy programs	<input type="checkbox"/>	<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. Analyze residents’ participation, and responses to art activities and modify treatment programs	<input type="checkbox"/>	<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. Document residents/patients responses to art activities	<input type="checkbox"/>	<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. Provide activity schedules to unit staff providing awareness and information related to activities	<input type="checkbox"/>	<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. Encourage residents/patients with special needs (e.g., physical, emotional, behavioral, social and/or cognitive) to acquire new skills and get involved in health-promoting leisure activities	<input type="checkbox"/>	<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. Provide direct one-to-one therapeutic services to residents/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"/>	<input type="checkbox"/>
11. Serve as a member of the Interdisciplinary team and interact with other team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I
WORK EXPERIENCE – REHABILITATION THERAPIST, STATE FACILITIES (ART)**

INSTRUCTIONS: To respond appropriately to Items 12 - 22 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			
	Not performed	Performed less than 6 months	Performed 6 months to less than 1 years	Performed 1 year to less than 2 years	Performed 2 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>NOTE: There should be a total of TWO check marks for each item. ONE check mark for “Level of Experience” and ONE check mark for “Frequency.”</p> <p>ITEMS:</p>									
12. Partner with other disciplines and team members	<input type="checkbox"/>	<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. Set up equipment and supplies related to group events	<input type="checkbox"/>	<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. Participate in the annual rehabilitation program review	<input type="checkbox"/>	<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. Update professional competencies to maintain knowledge of current rehabilitation therapy trends, techniques, professional and legal standards	<input type="checkbox"/>	<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. Participate in various meetings (e.g., administrative, committee, etc.)	<input type="checkbox"/>	<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. Prepare and maintain various documents (e.g., care plans, MDS, reports, schedules, forms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Supervise and coordinate with activity volunteers, community members, and service organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Network with other service groups, organizations, and community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Demonstrate competent ability in the operation of office and media equipment (e.g., computer, fax, copier, DVD player, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Request and maintain equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Train and supervise member helpers at the Veterans Home/facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION I

**SECTION I
WORK EXPERIENCE – REHABILITATION THERAPIST, STATE FACILITIES (ART)**

INSTRUCTIONS: To respond appropriately to Items 23 - 25 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			
	Not performed	Performed less than 6 months	Performed 6 months to less than 1 years	Performed 1 year to less than 2 years	Performed 2 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>NOTE: There should be a total of TWO check marks for each item. ONE check mark for “Level of Experience” and ONE check mark for “Frequency.”</p> <p>ITEMS:</p>									
23. Coordinate special events (e.g., picnics, shows, holidays, etc.) and daily centralized programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Escort residents/patients to therapy groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Invite, inform and post activity calendars about art therapy activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II
KNOWLEDGE ASSESSMENT – REHABILITATION THERAPIST, STATE FACILITIES (ART)

<p>For items 1 - 10, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.</p> <p>Definition of Levels:</p> <p>Extensive Knowledge: I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.</p> <p>Moderate Knowledge: I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to the job.</p> <p>Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p>No Knowledge: I possess no knowledge and I have not applied it to the job.</p> <p>ITEMS:</p>	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
1. Principles, procedures, techniques, trends and literature of rehabilitation services, especially those relating to mental, physical, developmental or geriatric needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Process of restoration, maintenance, and development of capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Characteristics of mental, emotional, physical and developmental disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current trends in mental health, public health and public welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. State and Federal standards and regulations governing activity programs in health care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Computer software programs (e.g., email, spreadsheets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Counseling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Various art techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Art history and the uses throughout history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR
REHABILITATION THERAPIST, STATE FACILITIES (ART).**

Please refer to page one for mailing instructions.

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

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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 _____

- (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.

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