Supervising Psychiatric Social Worker I

Examination Announcement

Statewide Open Examination for all state departments

Final Filing Date: Continuous Filing
Salary: $4,494.00 - $8,503.00

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 Supervising Psychiatric Social Worker I 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 above.

California Department of Veterans Affairs (CalVet)
Attn: Supervising Psychiatric Social Worker I Exam
1227 O Street, Room 404
Sacramento, CA 95814

The Qualifications Assessment for Supervising Psychiatric Social Worker I 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

Pattern I:
Two years of experience performing the duties of a Psychiatric Social Worker in the California State service. Or

Pattern II:
Four years of experience in Psychiatric Social Work, at least one year of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric extramural program, in a psychiatric hospital, or in a psychiatric department of a hospital; or in a hospital for the physically disabled.

And

Education: Completion of a two-year graduate curriculum in social work in a recognized school of social work. (In appraising experience, more weight will be given to the breadth of pertinent experience and the evidence of the candidate's ability to accept and fulfill increasing responsibility than to the length of his experience.)

POSITION DESCRIPTION

Provides supervision to a psychiatric social work staff; in one of the Veterans Homes of California for the mentally and emotionally deficient or physically disabled. Plans, organizes, and directs the psychiatric social work program.

ELIGIBLE LIST INFORMATION

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

EXAMINATION INFORMATION

Qualifications Assessment—Weighted 100%

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

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

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

KNOWLEDGE, ABILITIES & PERSONAL CHARACTERISTICS

Knowledge of:
1. Principles, procedures, techniques, trends and literature of social work with particular reference to psychiatric social work.
2. Community organization principles.
3. Applying the principles of mental health education.
4. Characteristics and social aspects of mental and emotional disturbances and mental deficiency and
physically disabled scope and activities of public and private health and welfare agencies.
5. Current trends in mental hygiene, public health and public welfare and Federal and State programs in
these fields.
6. Principles and practices of supervision and supervising others, evaluating their work, and giving in-
service training.

Ability to:
1. Arrange placements for patients on leave of absence.
2. Apply the principles of mental and physical health education.
3. Supervise others, evaluate their work, and give in-service training.
4. Establish and maintain effective working relationships with those contacted in the work.
5. Secure accurate social data, record such data systematically, write clear, accurate and concise
reports, and interpret statistical data.
6. Develop and direct a boarding home program for patients.
7. Give field work training to psychiatric social work students.
8. Analyze situations accurately and adopt an effective course of action.
9. Speak and write effectively.
10. Effectively contribute to the department's affirmative action objectives.

Special Personal Characteristics:
An objective and sympathetic understanding of the mentally, emotionally disturbed or mentally
deficient or physically disabled; tolerance; tact; and emotional stability.

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 State Personnel Board class specification:
Supervising Psychiatric Social Worker I

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.

Exam ID: 0VABF  This bulletin cancels and supersedes all previously issued bulletins.  Revised 01/2018
Continuous Filing
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.

<table>
<thead>
<tr>
<th>ID</th>
<th>EXPERIENCE/E DUCATION</th>
<th>FREQUENCY</th>
<th>VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I have performed this task for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</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>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Develop training materials using books, learn building concepts, fill in the blanks, and question/answer exercises in order to assist the students comprehend the materials.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.

<table>
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<th>VERIFICATION</th>
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<tr>
<td>3.</td>
<td>Knowledge of training techniques to ensure informative and engaging discussions for various audiences.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.</td>
<td></td>
</tr>
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</table>
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
The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Qualifications Assessment Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by all state departments to fill their existing positions.

This Qualifications Assessment Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

**Candidate’s Name:** John Doe

**Social Security Number:** 555-00-5555

**Address:** 1123 Mather Road, Sunny City, CA 91215

***In order to expedite the examination process, your phone numbers are required***

**Home Phone Number:** 123-555-5555

**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.

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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>
</tr>
<tr>
<td></td>
<td>4 - More than five years</td>
<td>4 - More than 30 times</td>
<td><strong>Emp A</strong> ☑</td>
</tr>
<tr>
<td>1.</td>
<td>3 - More than three years and up to five years</td>
<td>3 - At least 21-30 times</td>
<td><strong>Emp B</strong> ☑</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td>2 - At least 11-20 times</td>
<td><strong>Emp C</strong> ☑</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><strong>Emp D</strong> ☑</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>0 - 0 times</td>
<td>Emp__</td>
</tr>
<tr>
<td></td>
<td><strong>Experience / Education</strong></td>
<td><strong>Frequency</strong></td>
<td><strong>Verification</strong></td>
</tr>
<tr>
<td>2.</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>
</tr>
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<td></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>
<td>2</td>
<td>1</td>
</tr>
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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.

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<td></td>
<td>I have applied this knowledge, skills, and/or abilities for:</td>
<td>Employment (Emp)/ Education (Edu)</td>
</tr>
<tr>
<td></td>
<td>4 - More than five years</td>
<td>☒  Emp A</td>
</tr>
<tr>
<td></td>
<td>3 - More than three years and up to five years</td>
<td>☐  Emp B</td>
</tr>
<tr>
<td></td>
<td>2 - More than one year and up to three years</td>
<td>☐  Emp C</td>
</tr>
<tr>
<td></td>
<td>1 - More than six months and up to one year</td>
<td>☐  Emp D</td>
</tr>
<tr>
<td></td>
<td>0 - Zero to six months</td>
<td>☐  Emp__</td>
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<tr>
<td>3.</td>
<td>Knowledge of training techniques to ensure informative and engaging discussions for various audiences.</td>
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</tr>
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<td></td>
<td>☘  Edu A</td>
<td>☐  Edu B</td>
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<tr>
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<td>☐  Edu D</td>
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<tr>
<td>4.</td>
<td>Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.</td>
<td>2</td>
</tr>
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<td></td>
<td>☘  Edu A</td>
<td>☐  Edu B</td>
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<td>☐  Edu C</td>
<td>☐  Edu D</td>
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Supervising Psychiatric Social Worker I

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

This Qualifications Assessment Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate’s Name: __________________________________________________________

Social Security Number: _____________________________________________________

Address: ___________________________________________________________________

***In order to expedite the examination process, your phone numbers are required***

Home Phone Number: _______________________________________________________

Work Phone Number: _______________________________________________________

Cellular Phone Number: ____________________________________________________

Section 1: Employment/Education Verification

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3.

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

EMPLOYMENT

Employment A

Job Title: ________________________________________________________________

Organization Name and Address: ___________________________________________

Dates Worked (mm/dd/yyyy): From: ____________ To: ____________

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________

Contact Phone Number(s) of the above Individual(s): _________________________

Employment B

Job Title: ________________________________________________________________

Organization Name and Address: ___________________________________________

Dates Worked (mm/dd/yyyy): From: ____________ To: ____________

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: __________________________

Contact Phone Number(s) of the above Individual(s): _________________________
Employment C

Job Title: _________________________________
Organization Name and Address: _____________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _______________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment D

Job Title: _________________________________
Organization Name and Address: _____________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _______________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment E

Job Title: _________________________________
Organization Name and Address: _____________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _______________________
Contact Phone Number(s) of the above Individual(s): _________________________

Employment F

Job Title: _________________________________
Organization Name and Address: _____________________________________________________________
Dates Worked (mm/dd/yyyy): From: ____________ To: ____________
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _______________________
Contact Phone Number(s) of the above Individual(s): _________________________

EDUCATION

Education A

School Name and Address: _____________________________________________________________
Degree(s) Earned: _________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________

Education B

School Name and Address: _____________________________________________________________
Degree(s) Earned: _________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________

Education C

School Name and Address: _____________________________________________________________
Degree(s) Earned: _________________________________________________________________
Date(s) Attended (mm/dd/yyyy): From: ____________ To: ____________
Education D

School Name and Address: ____________________________________________________________

Degree(s) Earned: _______________________________________________________________

Date(s) Attended (mm/dd/yyyy): From: ____________ To: _____________

CERTIFICATION – IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING – if not signed, this Examination may be disqualified.

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the individuals or educational institutions you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate employment and/or education information may result in a low score or disqualification from this Examination.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided on this Examination, you may be disqualified from this process, removed from the certification list(s), suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

I certify and understand that all statements I have made in this Examination are true and complete to the best of my knowledge and contains no willful misrepresentation of 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
Two years of experience performing the duties of a Psychiatric Social Worker in the California state service.

Or II
Experience: Four years of experience in Psychiatric Social Work, at least one year of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric extramural program, in a psychiatric hospital, or in a psychiatric department of a hospital; or in a hospital for the physically disabled.

and

Education: Completion of a two-year graduate curriculum in social work in a recognized school of social work. (In appraising experience, more weight will be given to the breadth of pertinent experience and the evidence of the candidate’s ability to accept and fulfill increasing responsibility than to the length of his 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.

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

STATE EMPLOYMENT INFORMATION FOR PREVIOUSLY DISMISSED EMPLOYEES

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

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

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

□ YES
□ NO
□ NOT APPLICABLE
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 1-24, 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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<td>3 - More than three years and up to four years</td>
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<td>2 - At least 11-20 times</td>
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<td>1 - At Least 1-10 times</td>
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<td>0 – Zero to one year</td>
<td>0 - 0 times</td>
<td>□ Emp_ □ Edu_</td>
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</table>

1. Lead and/or supervise clinical social worker staff.

2. Plan and organize the clinical social work duties and assignments.

3. Conduct meetings for clinical social work staff.

4. Evaluate staff performance using observation, statistical data, and other information.
<table>
<thead>
<tr>
<th>ITEM</th>
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<th>FREQUENCY SCALE</th>
<th>VERIFICATION</th>
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<td>3 - More than three years and up to four years</td>
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<td>2 - At least 11-20 times</td>
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<td>1 – More than one year up to two years</td>
<td>1 - At Least 1-10 times</td>
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<td>0 – Zero to one year</td>
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<td>Emp_ □</td>
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<td>5.</td>
<td>Implement Employee Performance Management procedures.</td>
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<td>6.</td>
<td>Lead and/or supervise training of license-eligible clinical social workers.</td>
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<td>7.</td>
<td>Lead and/or supervise Social Work interns during field placement.</td>
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<td>8.</td>
<td>Facilitate contract management between universities and facilities.</td>
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<td>9.</td>
<td>Lead and/or supervise the collection of data related to patients and/or residents.</td>
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<td>10.</td>
<td>Lead and/or instruct topical in-service training.</td>
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<td>11.</td>
<td>Participate in team meetings, admission review committee meetings, and other meetings.</td>
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<td>12.</td>
<td>Assist statewide management teams in the development of effective social work procedures.</td>
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<td>13.</td>
<td>Lead and/or supervise the establishment and maintenance of cooperative working relations with community agencies, CBOs (Community Based Organizations), etc.</td>
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### Supervising Psychiatric Social Worker I

**QUALIFICATIONS ASSESSMENT EXAMINATION**

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<td>0 – 0 times</td>
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<th>FREQUENCY</th>
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<tr>
<td>14.</td>
<td>Recruit, screen, interview, and hire Clinical Social Worker’s.</td>
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<td>15.</td>
<td>Prepare written and electronic correspondence and reports related to Clinical Social Worker programs, employee recruitment, and administrative duties.</td>
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<tr>
<td>16.</td>
<td>Provide coverage as necessary during staff absences.</td>
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<td>18.</td>
<td>Oversee Clinical Social Worker case assignments.</td>
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<td>19.</td>
<td>Provide clinical guidance (e.g., case consultation, differential diagnosis) and training for clinical social workers.</td>
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<tr>
<td>20.</td>
<td>Provide direct clinical services as needed or as directed by the appropriate authority.</td>
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<tr>
<td>21.</td>
<td>Lead and/or supervise Clinical Social Worker staff.</td>
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<tr>
<td>22.</td>
<td>Travel (including overnight) to various locations.</td>
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<tr>
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<td>Employment (Emp)/Education (Edu)</td>
</tr>
</tbody>
</table>

- **Emp A**
- **Emp B**
- **Emp C**
- **Emp D**
- **Edu A**
- **Edu B**
- **Edu C**
- **Edu D**
### Item 23
Establish professional and respectful working relationships with supervisors, administrators, staff, subordinates, state, federal, and local agencies.

**Experience/Education Scale**
- 4 - More than four years
- 3 - More than three years and up to four years
- 2 - More than two years and up to three years
- 1 - More than one year up to two years
- 0 - Zero to one year

**Frequency Scale**
- 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

**Verification**
- Employment (Emp): Emp A, Emp B, Emp C, Emp D, Emp_

### Item 24
Participate as the social work representative during state and federal surveys.

**Experience/Education Scale**

**Frequency Scale**

**Verification**
- Employment (Emp): Emp A, Emp B, Emp C, Emp D, Emp_

---

**Supervising Psychiatric Social Worker I**
**Qualifications Assessment Examination**

**Name:** ____________________________
Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

Instructions:
Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

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

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

For items 1-30, 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 Employment (Emp)/Education (Edu)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have applied this knowledge, skills, and/or abilities for:</td>
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<tr>
<td></td>
<td>4 - More than seven years</td>
<td>☐ Emp A ☐ Edu A</td>
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<tr>
<td></td>
<td>3 - More than six years and up to seven years</td>
<td>☐ Emp B ☐ Edu B</td>
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<tr>
<td></td>
<td>2 - More than five years and up to six years</td>
<td>☐ Emp C ☐ Edu C</td>
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<tr>
<td></td>
<td>1 - More than four years and up to five years</td>
<td>☐ Emp D ☐ Edu D</td>
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<tr>
<td></td>
<td>0 - Zero to four years</td>
<td>☐ Emp_</td>
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<tr>
<td>1.</td>
<td>Advanced working knowledge of principles, techniques, trends, professional ethics, and literature of clinical social work.</td>
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<tr>
<td>2.</td>
<td>Working knowledge of activities of public and private health and welfare agencies.</td>
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<tr>
<td>3.</td>
<td>Working knowledge of principles and practices of supervision, work evaluation, and providing training.</td>
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<tr>
<td>4.</td>
<td>Basic knowledge of both Equal Employment Opportunities (EEO) and Employee Assistance Program (EAP) objectives.</td>
<td></td>
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</tbody>
</table>
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

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING

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

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

EXAMINATION / EMPLOYMENT APPLICATION

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

Did you graduate from high school?  
If not, do you possess a GED or equivalent?  
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>
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<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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## EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.

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<th>TO (MM/DD/YY)</th>
<th>TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)</th>
<th>SUPERVISOR NAME</th>
<th>HOURS PER WEEK</th>
<th>TOTAL WORKED (Years/Months)</th>
<th>COMPANY/STATE AGENCY NAME</th>
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REASON FOR LEAVING

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REASON FOR LEAVING
## EMPLOYMENT HISTORY (Continued)

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DUTIES PERFORMED

REASON FOR LEAVING
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

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<tr>
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<th>Gender</th>
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<td>Male</td>
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<tr>
<td>21 - 39</td>
<td>Female</td>
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<tr>
<td>40-69</td>
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<tr>
<td>70 and Over</td>
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### 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 Pacific Islander Group

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

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

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

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

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

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

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

In completing this application, you do not need to answer “Yes” to Question 5 if:
• you have been rejected during a probationary period; or
• your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
• a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

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

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

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

Questions 10 and 11 – These questions should be answered only if the examination bulletin indicates a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.
Explanations – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

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

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

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

Employment History and Experience – You must include a complete list of your paid and/or volunteer work experience that relates to the qualification requirements specified on examination bulletin. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they directly relate to the job for which you are applying. State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.

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

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

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

PLEASE ENTER YOUR NAME ON PAGES WHERE INDICATED AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPERIENCE / EDUCATION SCALE</th>
<th>VERIFICATION</th>
</tr>
</thead>
</table>
| 5.   | Working knowledge of current DSM (Diagnostic and Statistical Manual) diagnoses and psychopathology, specifically those disturbances found in and associated with the aging and disabled population. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 6.   | Working knowledge of the social, economic, psychological, and behavioral changes. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 7.   | Thorough knowledge of California’s mandatory reporting laws (e.g., abuse laws, case law, Tarasoff ruling). | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 8.   | Working knowledge of California state and federal regulations as they apply to multiple levels of care in facilities. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 9.   | General knowledge of the principles of program development and implementation. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 10.  | Thorough knowledge of appropriate interventions to address personnel challenges (e.g., hostile employee, sexual harassment, family problems) that might arise in the workplace. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 11.  | Good understanding of social work principles, values, ethics, conflict resolution skills, and communication (written and oral) skills. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
| 12.  | Skill in program development and evaluation. | Emp A ☐   Edu A ☐  
Emp B ☐   Edu B ☐  
Emp C ☐   Edu C ☐  
Emp D ☐   Edu D ☐  
Emp_ ☐   |
<table>
<thead>
<tr>
<th>ITEM</th>
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<th>VERIFICATION</th>
<th>EDUCATION (Edu)</th>
</tr>
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<tbody>
<tr>
<td>13.</td>
<td>Skill in preparing narrative and statistical reports.</td>
<td>Emp A</td>
<td>Edu A</td>
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<tr>
<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
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<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>14.</td>
<td>Skill in management and leadership within a facility environment.</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
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<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>15.</td>
<td>Skill in understanding personal interaction between the aging and disabled veteran residents and their families.</td>
<td>Emp A</td>
<td>Edu A</td>
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<tr>
<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>16.</td>
<td>Skill in oral and written communication.</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
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<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>17.</td>
<td>Skill to analyze situations accurately and adopt an effective course of action.</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>18.</td>
<td>Skill in interviewing job candidates.</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>19.</td>
<td>Skill in the use of various computer programs (e.g., word processing, email).</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>20.</td>
<td>Skill in the delivery of direct clinical services (e.g., group and individual therapy, interviewing techniques, treatment planning).</td>
<td>Emp A</td>
<td>Edu A</td>
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<tr>
<td></td>
<td></td>
<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
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<tr>
<td>21.</td>
<td>Ability to manage a challenging work environment.</td>
<td>Emp A</td>
<td>Edu A</td>
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<td></td>
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<td>Emp B</td>
<td>Edu B</td>
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<td></td>
<td></td>
<td>Emp C</td>
<td>Edu C</td>
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<tr>
<td></td>
<td></td>
<td>Emp D</td>
<td>Edu D</td>
</tr>
</tbody>
</table>
### EXPERIENCE / EDUCATION SCALE
I have applied this knowledge, skills, and/or abilities for:

- 4 - More than seven years
- 3 - More than six years and up to seven years
- 2 - More than five years and up to six years
- 1 - More than four years and up to five years
- 0 - Zero to four years

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<tbody>
<tr>
<td>22.</td>
<td>Ability to travel to the various locations statewide (possibly overnight).</td>
<td>☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D</td>
</tr>
<tr>
<td>23.</td>
<td>Ability to provide professional training to new and continuing employees.</td>
<td>☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D</td>
</tr>
<tr>
<td>24.</td>
<td>Ability to establish and maintain effective working relationships with those contacted during the course of daily work activities.</td>
<td>☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D</td>
</tr>
<tr>
<td>27.</td>
<td>Ability to interpret, explain, and implement applicable rules and regulations.</td>
<td>☐ Emp A ☐ Edu A ☐ Emp B ☐ Edu B ☐ Emp C ☐ Edu C ☐ Emp D ☐ Edu D</td>
</tr>
</tbody>
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Section 4: Conditions of Employment

DEPARTMENT OF VETERANS AFFAIRS
CONDITIONS OF EMPLOYMENT
FORM 631(11/12)

Supervising Psychiatric Social Worker I
QUALIFICATIONS ASSESSMENT EXAMINATION

Name: ________________________________

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

☐ Permanent – Full Time  ☐ Limited Term – Full Time
☐ Permanent – Part Time  ☐ Limited Term – Part Time
☐ Permanent - Intermittent  ☐ Limited Term - Intermittent

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

☐ 8004 ANYWHERE IN THE NORTHERN REGION or make Northern Region county choices below.
  ☐ 0400 Butte  ☐ 2300 Mendocino  ☐ 4600 Sierra
  ☐ 0600 Colusa  ☐ 2500 Modoc  ☐ 4700 Siskiyou
  ☐ 0800 Del Norte  ☐ 2900 Nevada  ☐ 5100 Sutter
  ☐ 1100 Glen  ☐ 3100 Placer  ☐ 5200 Tehama
  ☐ 1200 Humboldt  ☐ 3200 Plumas  ☐ 5300 Trinity
  ☐ 1700 Lake  ☐ 4500 Shasta  ☐ 5800 Yuba
  ☐ 1800 Lassen

☐ 8001 ANYWHERE IN THE CENTRAL REGION or make Central Region county choices below.
  ☐ 0100 Alameda  ☐ 2200 Mariposa  ☐ 4100 San Mateo
  ☐ 0200 Alpine  ☐ 2400 Merced  ☐ 4300 Santa Clara
  ☐ 0300 Amador  ☐ 2700 Monterey  ☐ 4400 Santa Cruz
  ☐ 0500 Calaveras  ☐ 2800 Napa  ☐ 4800 Solano
  ☐ 0700 Contra Costa  ☐ 3400 Sacramento  ☐ 4900 Sonoma
  ☐ 0900 El Dorado  ☐ 3500 San Benito  ☐ 5000 Stanislaus
  ☐ 1000 Fresno  ☐ 3800 San Francisco  ☐ 5500 Tuolumne
  ☐ 2000 Madera  ☐ 3900 San Joaquin  ☐ 5700 Yolo
  ☐ 2100 Marin

☐ 8011 ANYWHERE IN THE SOUTHERN REGION or make Southern Region county choices below.
  ☐ 1300 Imperial  ☐ 2600 Mono  ☐ 4000 San Luis Obispo
  ☐ 1400 Inyo  ☐ 3000 Orange  ☐ 4200 Santa Barbara
  ☐ 1500 Kern  ☐ 3300 Riverside  ☐ 5400 Tulare
  ☐ 1600 Kings  ☐ 3600 San Bernardino  ☐ 5600 Ventura
  ☐ 1900 Los Angeles  ☐ 3700 San Diego

Please notify the Department of Veterans Affairs, Examination Unit promptly of address or location preference changes at 1227 O Street, Room 404, Sacramento CA 95814 or (916) 653-2535.
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) 651-3049 Website: www.calvet.ca.gov