

POSITION DESCRIPTION: This is the trainee level in the Health Physicist series. Incumbents, under close supervision, learn and apply principles, practices, and techniques of health physics; assist with progressively more difficult and responsible tasks in licensing of facilities, compliance inspections, accident prevention, and staff work in support of these activities; prepare for advancement by on-the-job training and, where appropriate, academic education; and do other related work. Positions in this class are not supervisory.

Positions may exist with the California Department of Public Health in Sacramento, Contra Costa, and Orange County.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION: It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement by the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **must** include “to” and “from” dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course information **must** include title, number of semester or quarter units, name of institution, completion dates, and degree. **Applications received without this information will be rejected. Applicants must submit a copy of official transcripts along with the application for this examination.**

MINIMUM QUALIFICATIONS: Possession of a Bachelor's Degree in Radiologic Health, Radiologic Science, Health Physics, Engineering, Mathematics, Physical Science, Life Science or a closely related science. (Registered seniors will be admitted to the examination, but must provide proof of graduation prior to appointment.)

GENERAL QUALIFICATIONS: In addition to the scope defined on this announcement, candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class.

EXAMINATION INFORMATION: This examination will consist of a written test weighted 100%. Candidates who meet the requirements for admittance to the examination (minimum qualifications) will be scheduled to take a written test. Competitors who do not appear for the written test will be disqualified and eliminated from the examination process.

The California Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

WRITTEN SCOPE:

- Advanced Math
- Theory and Principles of Physical Science and Engineering
- Analysis and Reading Comprehension

ELIGIBLE LIST INFORMATION: Possession of the entrance requirement does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained in the examination. Names of successful competitors are merged into the open list established for use by the California Department of Public Health in order of final scores regardless of testing date. Eligibility expires **12** months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

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, and 6) open. When there are two lists of the same kind, the older must be used first.

VETERANS' PREFERENCE: Will be awarded in this examination, pursuant to Government Code Section 18973.1, effective January 1, 2014, as follows: 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 veterans' 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.cdva.ca.gov.

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929

MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378

Sprint from voice telephone: 1-888-877-5379

California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS

Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Junior Health Physicist

State law requires that civil service examinations are confidential and impartial. We ask that you assume a personal responsibility in maintaining the competitive aspects and confidential nature of this examination. The personal information that you provide on this form is required for documentation purposes. All information will remain confidential.

As a candidate, you must comply with the following test security standards:

1. DO NOT REVEAL the fact that you are participating in the examination process to anyone.
2. DO NOT DISCUSS any aspect of the examination with anyone. This includes supervisors, peers and co-workers. This security limitation includes information on all questions and answers.

I certify that:

1. I will not reveal to anyone that I am participating in this examination.
2. I will not discuss any aspect of this material with anyone.
3. I will adhere to all the established security measures.

I hereby certify and understand that the information provided by me in this application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that, if it is discovered I have made any false representations, I will be removed from the promotional list resulting from this examination, and possibly dismissed from civil service.

Signature

Date

Printed Name

Return this page with your original signature along with your State Application STD 678.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) will not be accepted under any circumstance.

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Junior Health Physicist

FFD: Continuous

Name: _____
(Print: first, middle initial, last)

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:

Please indicate your choices - you will not be offered a job in locations not checked.

Contra Costa County (0700) _____

Orange County (3000) _____

Sacramento County (3400) _____

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)
_____ Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)
_____ Limited Term

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your examination title, identification number and Social Security number.

Signature: _____

Date: _____