

## EDUCATION AND EXPERIENCE

PLEASE READ THE REQUIREMENTS SECTION ON THE EXAMINATION BULLETIN BEFORE FILLING OUT THIS SIDE.

10. EDUCATION      CIRCLE THE HIGHEST GRADE YOU COMPLETED      HIGH SCHOOL GRADUATE . . . YES  NO  DATE June '46  NO  
 1 2 3 4 5 6 7 8 9 10 11 12      PASSED GED HIGH SCHOOL TESTS    YES  NO  DATE \_\_\_\_\_

A. NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE	DATE COMPLETED
Ventura College	Nursing Education	64		A.A.	June '71
Red Cross School of Nursing	Stockholm, Sweden	16 m		-	Dec. '48

B. BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS	COURSE STUDIED	DURATION AND DATE COMPLETED

11. CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.

Registered Nurse      California Nursing Association, ANA, EDNA,

12. EXPERIENCE. BEGIN WITH YOUR MOST RECENT EXPERIENCE. LIST ALL EXPERIENCE IN THE LAST SEVEN YEARS, INCLUDING U.S. MILITARY SERVICE. GIVE DETAILS ON THE EXPERIENCE WHICH YOU BELIEVE MEETS THE ENTRANCE REQUIREMENTS FOR THIS EXAMINATION. GO BACK MORE THAN SEVEN YEARS IF NECESSARY. ALSO, LIST ANY VOLUNTEER EXPERIENCE WHICH YOU FEEL HELPS YOU MEET THE REQUIREMENTS OF THE CLASS FOR WHICH YOU ARE APPLYING. SHOW ACTUAL TIME (NUMBER OF HOURS/DAY, NUMBER OF HOURS/WEEK) SPENT IN SUCH EXPERIENCE WITH 'VOLUNTEER' IN THE SPACE FOLLOWING SALARY.

PERIOD OF EMPLOYMENT	JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER
FROM <u>9/10/73</u> TO <u>3/22/76</u> TOTAL <u>2</u> YR. <u>7</u> MO. FULL-TIME <input checked="" type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK: <u>40</u>	TITLE: Director of Nurses      SALARY: \$1240. mo. DUTIES: Nursing administration, scheduling, hiring, discharging staff, orientation of new personnel, lecturing, coordination disaster drills, N-care plans, evaluator EKG, lab work, <u>UR-coordinator</u>	Mr. Gailan Nichols Acacias Nursing home Ojai, Calif 93023 REASON FOR LEAVING: Termination-new adm.
FROM <u>7/1/72</u> TO <u>7/9/73</u> TOTAL <u>1</u> YR. _____ MO. FULL-TIME <input checked="" type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK: <u>40</u>	TITLE: Night supervisor      SALARY: \$940. mo. DUTIES: ER supervisor, med, surg, floor scheduling, all patient contact, radio communicator with ambulance	Miss Foy Santa Paula Memorial Hosp; 10th St. S.P., Calif. REASON FOR LEAVING: Promotion
FROM <u>6/1/71</u> TO <u>7/1/72</u> TOTAL <u>1</u> YR. _____ MO. FULL-TIME <input checked="" type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK: <u>40</u>	TITLE: Staff nurse      SALARY: \$ _____ DUTIES: Medications, IV's, all pt. contact duties, <u>ICU</u> , CCU, relief.	Santa Paul Memorial Hospital REASON FOR LEAVING: Promotion same hosp.
FROM _____ TO <u>7/1/71</u> TOTAL _____ YR. _____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK: _____	TITLE: _____      SALARY: \$720. mo. DUTIES: Licensed Vocational Nurse - staff. All patient type contact duties, ER nurse, med., surg., floor. Some <u>ICU</u> , CCU, relief.	Santa Pauls Memorial Hospital REASON FOR LEAVING: Promotion same hosp.
FROM _____ TO _____ TOTAL _____ YR. _____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK: _____	TITLE: _____      SALARY: \$ _____ DUTIES: _____	REASON FOR LEAVING: _____

DO NOT WRITE BELOW THIS LINE

**DEL**  
**APPLICATION FOR EXAMINATION**

PLEASE PRINT OR TYPE

**EQUAL OPPORTUNITY  
EMPLOYMENT**

1. ENTER BELOW THE EXACT TITLES OF THE EXAMINATIONS IN PROCESS FOR WHICH YOU ARE APPLYING AND CHECK OPEN, PROMOTIONAL, OR BOTH. LIST ONLY ONE TITLE ON THIS APPLICATION UNLESS OTHERWISE STATED ON THE EXAMINATION ANNOUNCEMENT.

	OPEN	PROM.
H.C.S.N.	X	

DO NOT WRITE IN THIS SPACE

1053  
3

BIRTH DATE (mo/day/yr)  
July 10, 1928

SOCIAL SECURITY NUMBER  
X 338 266230

NAME (LAST), (FIRST), (MIDDLE)  
Holmquist, Doris Hellen

ADDRESS (NUMBER) (STREET)  
8270 Denver Street

(CITY) (COUNTY) (STATE) (ZIP CODE)  
Ventura Ventura Calif. 93003

BUSINESS PHONE HOME PHONE  
AREA CODE ( ) AREA CODE ( 647-3787  
805

**2. FOR ALL APPLICANTS**

ENTER LOCATION, CITY, OR CODE NUMBER FOR THE ONE LOCATION AT WHICH YOU PREFER TO TAKE THE EXAMINATION Ventura

INDICATE THE LOCATION WHERE YOU WOULD PREFER TO BE INTERVIEWED IF A QUALIFICATIONS APPRAISAL PANEL INTERVIEW IS A PART OF THE EXAMINATION PLEASE INDICATE IF YOU HAVE A PHYSICAL HANDICAP WHICH YOU BELIEVE REQUIRES SPECIAL TESTING ARRANGEMENTS. IF YES, PLEASE ATTACH VERIFICATION

SAC  TEA  SF   
 YES  NO

IF YOUR RELIGIOUS CONVICTIONS OR PRACTICES PREVENT SATURDAY TESTING, PLEASE ATTACH THE VERIFICATION.

**2A. SPEAK FLUENTLY** Mandarin

CHINESE-CANTONESE DIALECT  SPANISH  OTHER Swedish, German

**3. FOR TYPING OR STENOGRAPHIC APPLICANTS ONLY**

A. I CERTIFY THAT I CAN TYPE AT A SPEED OF  
 40  45  50  65 WORDS PER MINUTE OR MORE

B. I HAVE A STATE OF CALIFORNIA SHORTHAND CERTIFICATE FOR (CHECK LEVEL)  STENO  SR  LEGAL  SR LEGAL

DO NOT WRITE IN THIS SPACE

CLASSES	II	III	IV	V	VI	VII	VIII	IX	X

FLAGS \_\_\_\_\_ PROFICIENCY \_\_\_\_\_  
P.S. \_\_\_\_\_  
W.W. \_\_\_\_\_

SOCIAL SECURITY NUMBER

338 266230

MALE  
 FEMALE

- (1)  BLACK
- (2)  ASIAN
- (4)  SPANISH SPEAKING/SURNAMED
- (5)  WHITE
- (6)  POLYNESIAN
- (7)  NATIVE AMERICAN
- (8)  FILIPINO

(3)  ALL OTHER  
Swedish,  
Born in China  
DO YOU HAVE A MAJOR DISABILITY WHICH HAS IMPEDED YOUR OBTAINING EMPLOYMENT?

- A  HEARING
- B  SIGHT
- C  SPEECH
- D  PHYSICAL
- E  OTHER (please note):

**4. FOR PROMOTIONAL APPLICANTS ONLY**

ARE YOU NOW EMPLOYED BY THE STATE OF CALIFORNIA?  
A.  YES DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_  
 RULE 235—ELIGIBILITY—DEPARTMENT:  
 CHECK HERE IF YOUR ELIGIBILITY IS BASED ON STATUS PRIOR TO AN EXEMPT POSITION

B.  NO, MY ELIGIBILITY FOR EXAMINATION IS BASED ON:  
 REEMPLOYMENT LIST ELIGIBILITY  OTHER (DESCRIBE IN #8)

**FOR ALL APPLICANTS**

5. HAVE YOU USED ANOTHER NAME IN WORKING FOR THE STATE OF CALIFORNIA, OR IN MAKING APPLICATIONS WITHIN THE LAST FIVE YEARS? IF YES, GIVE DETAILS IN #8. YES  NO

6. WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION, OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT? IF YES, GIVE DETAILS IN #8. YES  NO

6A. INDIVIDUALS DISMISSED FROM CALIFORNIA STATE EMPLOYMENT BY PUNITIVE ACTION OR DISCIPLINARY PROCEEDINGS MUST OBTAIN THE CONSENT OF THE STATE PERSONNEL BOARD BEFORE TAKING A CIVIL SERVICE EXAMINATION.

7. \*A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF AN OFFENSE? YOU MAY OMIT: YES  NO

- 1. TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$30 OR LESS
- 2. ANY OFFENSE WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW
- 3. ANY INCIDENT THAT HAS BEEN SEALED UNDER WELFARE AND INSTITUTIONS CODE SECTION 781 OR PENAL CODE SECTION 1203.45

B. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES  NO   
\* IF YOUR ANSWER TO (A) OR (B) IS YES, LIST ALL OFFENSES IN ITEM #8 GIVING DATE, LOCATION, NATURE, AND DISPOSITION FOR EACH.

C. ENTER YOUR DRIVER'S LICENSE NUMBER G 76492

8. Terminated due to new administration with his own director of nurses. I have an excellent nursing record.

STATE PERSONNEL BOARD  
MAY 12 11 20 AM '76  
08030

**9. CERTIFICATE OF APPLICANT—READ CAREFULLY BEFORE SIGNING**

I Hereby Certify, That all statements made in this application are true and complete. I also understand that if I do not have legal minimum qualifications for this class, I will be eliminated from the examination when this fact is determined.

SIGNATURE Doris Holmquist DATE 4/26/76

Whiplash 2 1/2 yrs ago. No loss of work since <sup>ACVT</sup>