

City of Los Angeles  
Personnel Department

**LICENSED VOCATIONAL NURSE (CODE 2332)  
TRAINING AND EXPERIENCE QUESTIONNAIRE**

The examination bulletin for Licensed Vocational Nurse states that all applicants must complete and submit a Licensed Vocational Nurse Training and Experience Questionnaire in addition to the City of Los Angeles Employment Application at the time of filing.

**NOTE: Candidates must submit all of these documents within the time required to be considered further in the examination process.**

You may submit your City Employment Application and Licensed Vocational Nurse Training and Experience Questionnaire online or at the following locations during the time specified:

**Personnel Department Building**  
700 East Temple St., Room 100, Los Angeles 90012  
Monday through Friday  
7:00 a.m. until 5:00 p.m.  
(213) 847-9240  
TDD (213) 847-9267

**Van Nuys City Hall**  
14410 Sylvan Street, Room 105, Van Nuys  
Tuesdays only  
8:30 a.m. until 4:30 p.m.

**Constituent Services Center**  
8475 South Vermont Avenue, Los Angeles  
Mondays, Wednesdays, and Thursdays only  
8:00 a.m. until 5:00 p.m.

**Cypress Park Community Center**  
929 Cypress Avenue, Los Angeles  
Wednesdays only  
12:00 noon until 5:00 p.m.

**Certification Statement**

I certify that all of the responses to the questions on the Training and Experience Questionnaire are true and complete, and were authored, written, and prepared in their entirety solely by me. I understand that false, misleading, or incomplete information shall be sufficient cause for disqualification in this examination or dismissal and other penalties as may be prescribed by law.

<b>NAME: LAST</b>	<b>FIRST</b>	<b>MIDDLE INITIAL</b>
<b>SOCIAL SECURITY NUMBER</b>	<b>E-MAIL ADDRESS</b>	
<b>SIGNATURE</b> (Not required for online submittals.)		

Your completed Training and Experience Questionnaire will be used for evaluation of your overall qualifications for the job. You must limit your responses to the space and pages provided. No attachments or additional documents submitted will be considered.

Write in narrative form using complete sentences. Do not include your name or any other identifying statements other than the last four digits of your social security number on your response pages. If you do not respond to all of the questions, you will be disqualified in the examination.

If you are experiencing technical problems with this supplemental, please report it at <http://www.lacity.org/per/exams/supquest.cfm?ClassCD=2332>



LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Part I**

Using the following scale, mark the box that best describes your experience performing each activity listed:

- A - I have never been trained in or performed this activity.
- B - I have been trained in this activity, but have not performed it.
- C - I have performed this activity on my own on the job.

DESCRIPTION OF ACTIVITY	A	B	C
Drawing blood			
Collection and testing of urine samples			
Performing vision testing			
Performing hearing testing			
Performing EKGs			
Assisting with the completion of medical history forms			
Maintaining accurate medical records			
Maintaining proper sanitary and sterile condition of laboratory, medical supplies, examining areas, and equipment			
Performing and recording vital signs such as height, weight, temperature, pulse rate, and respiration rate			
Appointment scheduling			
Filing of medical forms and test results			
Administering TB tests			
Interpreting TB test results			
Administering Hepatitis B vaccinations			
Administering medications/vaccinations			

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Part II**

For the following five questions, provide a description of your training and/or experience in each of the following work settings. Write in narrative form using complete sentences. Limit each response to the space provided. (May be typed or printed neatly.)

1. **Administering medications/vaccinations:**

2. **Performing hearing and vision tests:**



LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

5. **Reviewing medical charts to identify incomplete/missing documentation; returning charts to appropriate provider/staff for completion; knowledge of medical terminology that enabled you to identify an error that might otherwise have been overlooked:**

**THIS COMPLETES THE LICENSED VOCATIONAL NURSE  
TRAINING AND EXPERIENCE QUESTIONNAIRE**