



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
COMMUNICABLE DISEASE SPECIALIST I  
DEPARTMENTAL - OPEN**

**Final Filing Date: October 12, 2016  
Bulletin Release Date: September 12, 2016**

KI32-8404 6H173-01



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.

**WHO SHOULD APPLY:** Persons who meet the minimum qualifications (entrance requirements) as stated on this announcement may take this examination, which is competitive.

**HOW TO APPLY:** Applications (STD. 678) and Supplemental Applications (see Examination Information, page three) must be submitted via the U.S. Postal Service or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Standard State Applications (STD. 678) can be found at: <http://jobs.ca.gov/pdf/std678.pdf>. Submit hard copy applications to:

**By Mail or In Person:**

**California Department of Public Health  
Examination Services Unit  
1615 Capitol Ave., 4th floor, Suite 73-430  
P.O. Box 997378 MS 1700 – 1702  
Sacramento, CA 95899-7378**

**(916) 552-8959**

**DO NOT SUBMIT APPLICATIONS TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CaHR).**

**FINAL FILING DATE:** Applications (Form STD. 678) must be submitted by **October 12, 2016** the final filing date. Applications postmarked, personally delivered, or received via interoffice mail after the filing deadline will not be accepted.

**SALARY RANGE:** \$4600 - \$5758 per month.

**EMPLOYEE BENEFITS:**

In addition to the salary above the California Department of Public Health offers benefits in the following areas:

- Health, Dental, and Vision
- Cash Benefit Programs
- Disability Insurance
- Work, Home, and Family
- Beneficiary and Survivor Benefits
- Awards
- Retirement and Separation Benefits
- Flexible Schedules
- Public Transit Reimbursement (limits apply)

A complete description of all benefits may be viewed at <http://www.calhr.ca.gov/Pages/home.aspx>

**POSITION DESCRIPTION:** The Communicable Disease Specialist I is the advanced journey person-lead person level in the class series. In various positions, an incumbent is responsible for the most complex and difficult communicable disease control activities within multi-county geographic areas, or assists a Communicable Disease Manager II in his/her assigned program area (typically encompassing half of the State). The incumbent will typically be assigned to field activities, carrying out non-medical, administrative, and technical responsibilities. The incumbent is responsible for planning, developing, implementing, and evaluating various communicable disease control programs of limited scope, i.e., coordinating immunization activities in a multi-county area or in a very large county such as Los Angeles, San Diego and Alameda; assisting in statewide information/education programs; or assisting in epidemiology, screening, and other non-supervisory activities.

Positions exist with the California Department of Public Health in the following counties: Contra Costa, Fresno, Kern, Los Angeles, Sacramento, and San Diego.

**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 **October 12, 2016** the final filing date. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications/resumes **must** include “to” and “from” dates (month/day/year), time base, 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 (if applicable).

**Applications/resumes received without this information will be rejected. Applicants must submit a copy of unofficial transcripts along with the application when using education to meet the entrance requirements for this examination.**

**MINIMUM QUALIFICATIONS:** Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as either I, or II, or III, etc.

**Either I**

**Experience:** Two years of experience in the California state service performing the duties of a Supervising Communicable Disease Representative or Consulting Communicable Disease Representative.

**Or II**

**Experience:** Four years of experience as a medical service corps person dealing with communicable diseases or as a communicable disease representative or investigator in a local, State, or Federal health agency. Two years of this experience must have been in an administrative or supervisory capacity with responsibility for the planning, implementation, or evaluation of a significant phase of a communicable disease control program.

**AND**

**Education:** Equivalent to graduation from college. (Additional supervisory or administrative experience may be substituted on a year-for-year basis for two years of the required education.)

**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. A medical examination may be required.

**EXAMINATION INFORMATION:** The examination will consist of a Supplemental Application that is weighted 100%. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at various levels for the Communicable Disease Specialist I. Responses to the supplemental items will be assessed based on predetermined job-related rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above that is required under the minimum qualifications.

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.

**SCOPE:** In addition to evaluating candidates' relative abilities as demonstrated by quality and breadth of experience, emphasis will be placed on measuring competitively, relative to job demands, each competitor's:

**Knowledge of:**

1. Proper spelling, grammar, punctuation and sentence structure to ensure that written materials prepared and reviewed are complete, succinct, and free of mechanical errors.
2. The Department's required format, style, and standards for written materials to ensure that materials prepared and reviewed are complete, accurate and in conformance with such standards.
3. Conflict resolution techniques to identify, address and resolve conflicts and issues.
4. General disease prevention and control standards and methods for all communicable disease and related public health problems.
5. Modes of communicable diseases transmission, diagnosis and treatment.
6. Departmental mission, goals and philosophies to ensure that the progress and completion of work assignments and tasks conform to the overall objectives of the Department.
7. The available resources to assist in meeting goals and objectives.
8. The principles of community organization and capacity-building as they related to communicable disease intervention and prevention strategies.
9. Applicable communicable disease laws and regulations.
10. Laws and regulations governing local communicable disease programs that receive State or Federal funds.

**Ability to:**

1. Take the initiative in a variety of situations to accomplish organizational goals.
2. Be flexible in adapting to changes in priorities and work assignments.
3. Organize and succinctly state facts and express ideas in written form.
4. Communicate face-to-face or by telephone, in a clear and concise manner to diversified audiences on a variety of matters.
5. Plan, organize and facilitate groups.
6. Conduct project management engaging in local, State, and Federal agency participation.
7. Use surveillance data to inform program action.
8. Conduct effective communicable disease case management.
9. Analyze a situation in order to apply the appropriate laws and regulations to support communicable disease control.
10. Provide training and technical assistance.

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**SUPPLEMENTAL APPLICATION ITEMS:** Each applicant for this examination **must** complete and submit responses to the **five** supplemental items that follow. Applications received without responses to the supplemental items will be rejected.

**INSTRUCTIONS:** When responding to the supplemental items, please follow these guidelines:

- Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Your font should be no smaller than "10" pitch.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.
- In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
- Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental items.

### SUPPLEMENTAL ITEMS

1. Describe specific examples of how your training and experience qualifies you for a Communicable Disease Specialist.
2. Describe your knowledge of the fundamental components of an effective Communicable Disease Prevention and Control Program. Please list specific examples for each component.
3. As a Communicable Disease Specialist I you may be assigned to participate and/or lead special projects, describe the steps you would take to coordinate and implement a successful project.
4. It has been brought to your attention that a medical provider is not complying with reporting and treatment guidelines. Describe the steps you would take to resolve this problem.
5. You are facilitating a group of local health officials and community representatives to implement a Communicable Disease intervention. They are in disagreement on the implementation strategies. Describe the steps you would take to resolve this conflict.

**THIS CONCLUDES THE EXAMINATION PROCESS FOR THE COMMUNICABLE DISEASE SPECIALIST I. PLEASE REFER TO THE INSTRUCTIONS LISTED ABOVE FOR INFORMATION ON HOW TO RETURN YOUR APPLICATION AND EXAMINATION MATERIALS.**

**ELIGIBLE LIST INFORMATION:** Possession of the entrance requirements 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. A departmental open list will be established for use by the department listed on this announcement. The list will expire **24** 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](http://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](http://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

## SECURITY INFORMATION FOR PARTICIPANTS

### Preparation, Development, Review of State Civil Services Examination Material

EXAMINATION TITLE: Communicable Disease Specialist I

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.

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#### 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 supplemental 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 Supplemental Application.**

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

**CONDITIONS OF EMPLOYMENT (631)**

**Examination Title:** Communicable Disease Specialist I

**FFD:** October 12, 2016

**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.

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**Locations in which you are willing to work:**

Please indicate your choices - you will not be offered a job in locations not checked. If more than 15 locations are chosen, you may be considered available for work anywhere in the state.

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

\_\_\_\_\_ (0700) Contra Costa County

\_\_\_\_\_ (1000) Fresno County

\_\_\_\_\_ (1500) Kern County

\_\_\_\_\_ (1900) Los Angeles County

\_\_\_\_\_ (3400) Sacramento County

\_\_\_\_\_ (3700) San Diego County

**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 Unit, of any changes in your address or availability for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_