Training and Experience Packet

The Training and Experience Questionnaire is the sole component of the Health Program Specialist I examination. To obtain a position on the eligible list a minimum score of 70% must be received. The instructions below should be read carefully and understood before completing this examination. Failure to do so may result in an inability to process your Training and Experience Questionnaire and disqualification from this examination.

All applicants **must complete and return the entire** examination packet. The examination packet consists of the following:

- State Examination Application (Form STD 678)
- Training and Experience Questionnaire (Pages 3-7; Questions 1-34)
- Willingness Statement (Page 8)
- Conditions of Employment (Page 9)
- *Optional* Recruitment Survey (Page 10)

When completing the questionnaire, please do not choose more than one (1) response per question and include your name at the top of pages 3-8.

The following documents must have an original signature:

- State Examination Application (STD 678 – page 1)
- Training and Experience Packet (pages 8 and 9)

Completed examination packets must be returned to one of the following addresses:

	Department of Public Health
	Human Resources Branch/Selection Unit
File in Person:	1501 Capitol Avenue, Suite 1501
Mailing Address:	P. O. Box 997378 MS 1700-1702
	Sacramento, CA 95899-7378

Training and Experience Questionnaire

General Instructions

This examination is being administered specifically for the **California Department of Public Health (CDPH) for the Health Program Specialist I classification**. If you would like to review the mission statement for CDPH please use this link: http://www.cdph.ca.gov/Pages/default.aspx

For the purpose of this exam the terms Extensive, Moderate, Limited, and Little or None are defined as follows:

Extensive:
I possess an advanced level of education, training, or experience to the extent that I could effectively perform this action under the majority of circumstances or situations encountered; and I could instruct others on specific aspects of this action.

Moderate:
I possess solid education, training, or experience at the level that would allow me to perform this action successfully.

Limited:
I have some education, training, or experience of how to perform this action successfully, but may require additional instruction to apply or perform effectively.

Little or None:
I have little or no training, education, or experience of how to perform this action or what it may entail.

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

Training and Experience Questionnaire

In responding to each statement you may refer to your formal education, formal training courses or work experience (unpaid/volunteer or paid).

Respond to each of the following statements by indicating how the statement applies to you. **You should respond to every statement by marking only one box.**

1. Representing the department on health related advisory committees.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

2. Identifying technical assistance needs of contractors and providing appropriate consultation.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

3. Applying the California Department of Public Health administrative processes, program policies and strategies when providing technical assistance to contractors.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

4. Collaborating with federal, state, local programs or providers to achieve the department's goals of providing quality public health services.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

5. Meeting with and advising management on complex program issues.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

6. Analyzing policies and make recommendations to management.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

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

7. Proposing policies that present alternatives for meeting program needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

8. Leading constituents in policy development.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

9. Leading the developer and review of funding applications, grants and proposals.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

10. Developing and reviewing program standards and best practices to promote positive public health outcomes, and ensuring consistency, objectivity, and compliance with federal and state mandates.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

11. Coordinating **and/or** conduct site review to ensure grantee compliance with contractor's obligations.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

12. Monitoring contracts to ensure compliance with contractual obligations.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

13. Act as a Subject Matter Expert when responding to inquiries from various internal and external sources.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

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

14. Collaborating with local, state, and federal agencies, as well as the public, to identify issues and develop solutions in regard to program development.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

15. Establishing mission statements, goals, objectives, activities, or evaluation processes relevant to development of a strategic plan.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

16. Leading in the development of the strategic planning process.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

17. Presenting findings and outcomes orally to audiences of various sizes and responsibility levels.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

18. Presenting findings and outcomes in writing to audiences of various sizes and responsibility levels.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

19. Preparing complex reports and documents for legislators, management, and other requestors.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

20. Leading the development and interpretation of needs assessments to determine public health needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

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

21. Analyzing federal, state, local laws and regulations for possible affects on program functions, **and/or** requirements.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

22. Analyzing data or researching to determine areas of need for the program.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

23. Analyzing budgets to determine how funding should be spent to meet program needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

24. Leading the development of new programs to meet public health needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

25. Developing legislative proposals to meet department **and/or** program needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

26. Developing budget change concepts to meet department **and/or** program needs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

27. Conduct legislative bill analysis.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

28. Conducting meetings with stakeholders to update, inform, and discuss program issues.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

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

29. Developing regulations for new or existing programs.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

30. Leading internal **and/or** external workgroups to accomplish program goals and objectives.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

31. Summarizing large quantities of information for program management.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

32. Speaking publicly about complex issues and policies clearly and concisely.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

33. Utilizing Microsoft Office (i.e., word processing, database, spreadsheet, email, and presentation software).

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

34. Navigating the Internet to gather information.

☐ Extensive	☐ Moderate
☐ Limited	☐ Little or None

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

Willingness Statement

The following is a job requirement. Please respond to the question by marking the appropriate box. If you are unwilling or unable to comply with the following job requirement, it will be grounds for elimination from the examination process.

1. Willingness to travel to worksites away from assigned work location which could possibly require extended hours of work and/or overnight or multiple day trips which could be frequent and/or of extended duration.	☐ Yes ☐ No

I hereby certify that the information provided on this Training and Experience Questionnaire is true and correct to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resulting from this examination, suffer loss of State employment, and/or suffer loss of right to compete in any future State examinations.

Name (Printed):

Signature: _____ **Date:** _____

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Health Program Specialist I **Name**: _____
(Print: first, middle initial, last)

FFD: CONTINUOUS

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

☐ 3400 Sacramento

☐ 0100 Contra Costa (Richmond)

☐ 0000 Statewide

TYPE OF EMPLOYMENT DESIRED: (CHECK ALL OPTIONS APPLICABLE)

☐ Permanent ☐ **Limited Term ☐ Full Time
☐ Part Time (regular hours less than 40) ☐ Intermittent (on call)

**Limited term Appointment: "An appointment, made from a civil service employment list for a period not exceeding two years, which does not confer civil service employment rights beyond the specified time period."

It is your responsibility to notify the Department of Public Health, Selection & Certification Section, 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: _____

OPTIONAL RECRUITMENT SURVEY

THESE QUESTIONS ARE NOT PART OF THE EXAMINATION. YOUR PARTICIPATION IS THIS SURVEY WILL ASSIST US IN IMPROVING OUR RECRUITMENT EFFORTS.

Please check all that apply

1. How did you hear about this examination?

☐ College/University Recruitment
☐ CDPH Employee/Relative
☐ CDPH Website
☐ Job Fair/Career Event
☐ Recruitment Mailing
☐ Newspaper
☐ Internet Search
☐ State Personnel Board
☐ 2008 APHA Annual Meeting
☐ Other:

2. What was your reason for selecting CDPH as your place of employment?

☐ Competitive Salary
☐ Benefits
☐ Retirement
☐ Career Opportunity
☐ Gain Experience in Public Health
☐ Flexible Work hours
☐ All of the above
☐ Other:

3. Do you have suggestions that could improve the application process?