



SUPPLEMENTAL APPLICATION

SUPERVISING CHEMIST

IDENTIFICATION NUMBER

Last Name

First Name

MI

The Supervising Chemist examination consists solely of this Supplemental Application, which will be used to evaluate your knowledge and abilities in areas that are specific to this classification. The supplemental application items give all candidates an equal opportunity to demonstrate possession of experience and significant accomplishments relative to the critical job elements of a Supervising Chemist in the Department of Public Health. A panel of raters using a previously defined rating criterion will evaluate the responses to these items. This is a scored document and will account for 100% of your final score. A total minimum rating of 70% must be attained in order to obtain a position on the eligible list.

Answer questions completely; **incomplete responses and omitted information cannot be considered or assumed.** Resumes, letters of reference, and other materials will not be evaluated or considered as responses to items in the supplemental application. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION** and should be an accurate reflection of your personal experience.

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 that I have made any false representations, I will be removed from the eligibility list resulting from this examination, and possibly dismissed from civil service.

Signature

Date

Completed supplemental applications must be postmarked no later than **June 17, 2013**. Supplemental applications postmarked, personally delivered, or received via interoffice mail after this date will not be accepted and will result in elimination from the examination.

Return your completed application to: Department of Public Health
Selection & Certification Unit
MS 1700-1702
P.O. Box 997378
Sacramento, CA 95899-7378
Attn: Shani Stevens

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

GENERAL INFORMATION:

The examination package must include responses to the supplemental items, signed affidavit (first page of supplemental application), and completed Conditions of Employment.

Before you return the examination materials, you are advised to keep a copy of your responses.

It is your responsibility to notify the Department of Public Health, Selection & Certification Unit, in writing, of any changes in your address during the examination process to avoid any delay in providing examination information. All correspondence must include your name and the examination title.

Send correspondence to: Department of Public Health
Selection & Certification Unit
MS 1700-1702
P.O. Box 997378
Sacramento, CA 95899-7378
Attn: Shani Stevens

EXAMINATION INFORMATION:

The examination for Supervising Chemist consists of a Supplemental Application that is weighted 100 %. Applicants are required to respond to the following seven supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at the Supervising Chemist level.

INSTRUCTIONS:

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

- Responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Responses must be limited to two (2) pages per question.
- Responses must be typed in 12 pt., Arial font.
- 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.

SUPPLEMENTAL ITEMS:

Recognizing that candidates have had different experience related to critical job elements, these supplemental items are intended to give you an opportunity to discuss a broad range of experience that demonstrates your possession of the qualifications and readiness for a Supervising Chemist position in the Department of Public Health. Answer all questions for which you possess experience. Provide specific information and relevant examples from your background. Please keep in mind that omitted information cannot be assumed by the panel of raters.

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 required under the minimum qualifications.

SUPPLEMENTAL APPLICATION EXAMINATION QUESTIONS:

1. Describe your knowledge of and experience with Quality Assurance (QA) methods and techniques in a laboratory setting.
2. Describe your knowledge of and experience with the components of Quality Control (QC) methods and techniques in a laboratory setting.
3. Describe your knowledge and experiences of the benefits utilizing mass spectrometry as an analytical tool.
4. Describe your knowledge and experience of the procedures to validate a new analytical method that will be used in a clinical laboratory.
5. Describe your knowledge and experience of the specific actions you would take in dealing with an employee that is not meeting workload standards.
6. Describe knowledge and experience in ensuring equal employment opportunities and a discrimination and harassment free work environment.
7. Please see next page.

7. Please describe and explain if the results of the data package are acceptable, include the reasons for your findings.

Analytical Parameters:

Calibration data: Blank, 2.0, 5.0, 10, 25, 50, 250µg/L

R²= 0.975

Method Detection Limit (MDL): 2µg/L

Reporting limit: 5.0µg/L

Regulatory level: 5.0µg/L

Spiked surrogate concentration: 10µg/L (added before sample preparation)

Internal standard concentration: 10µg/L (added after sample preparation)

Run sequence and the Results Table:

Run Number	Sample	Contaminant concentration (µg/L)	Internal Standard Response (counts x 10 ³)	Surrogate Concentration (µg/L)
1	Calibration blank	<MDL	1000	9.85
2	Calibration standard (2.0µg/L)	1.85	1015	10.2
3	Calibration standard (10µg/L)	9.95	985	10.0
4	Lab reagent blank	0.12 (<MDL)	1010	10.2
5	Lab fortified blank (at 10µg/L)	9.85	985	9.50
6	Check standard (50µg/L)	48.5	995	10.3
7	Sample 1	18.4	1000	10.1
8	Sample 2	4.20 (<RL)	500	5.60
9	Sample 3	4.65 (<RL)	1010	5.75
10	Sample 4	3.95 (<RL)	900	9.15
11	Sample 5	7.60	900	9.15
12	Sample 5 (Duplicate)	7.40	910	9.05
13	Laboratory Fortified Matrix (sample 5+10µg/L)	17.5	900	9.00
14	Laboratory Fortified Matrix Dup (sample 5+10µg/L)	17.6	900	8.95
15	Lab reagent blank	1.75 (<MDL)	890	8.75
16	Calibration verification (10µg/L)	7.15	700	6.85

CONDITIONS OF EMPLOYMENT (631)

Examination Title: **Supervising Chemist** **Name:** _____
(Print: First, Middle initial, Last)

FFD: June 17, 2013 **Identification Number:** _____

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...if more than 15 checks made, you may be considered available for work anywhere in the state.

_____ (5) **ANYWHERE IN THE STATE (IF CHECKED, NO FURTHER SELECTION NECESSARY.)**

_____ **8004 ANYWHERE IN THE NORTHERN REGION OR**

MARK NORTHERN REGION COUNTY CHOICES:

- | | | |
|----------------------|----------------------|---------------------|
| _____ 0400 Butte | _____ 2300 Mendocino | _____ 4600 Sierra |
| _____ 0600 Colusa | _____ 2500 Modoc | _____ 4700 Siskiyou |
| _____ 0800 Del Norte | _____ 2900 Nevada | _____ 5100 Sutter |
| _____ 1100 Glenn | _____ 3100 Placer | _____ 5200 Tehama |
| _____ 1200 Humboldt | _____ 3200 Plumas | _____ 5300 Trinity |
| _____ 1700 Lake | _____ 4500 Shasta | _____ 5800 Yuba |
| _____ 1800 Lassen | | |

_____ **8001 ANYWHERE IN THE CENTRAL REGION OR**

MARK CENTRAL REGION COUNTY CHOICES:

- | | | |
|-------------------------|--------------------------|------------------------|
| _____ 0100 Alameda | _____ 2200 Mariposa | _____ 4100 San Mateo |
| _____ 0200 Alpine | _____ 2400 Merced | _____ 4300 Santa Clara |
| _____ 0300 Amador | _____ 2700 Monterey | _____ 4400 Santa Cruz |
| _____ 0500 Calaveras | _____ 2800 Napa | _____ 4800 Solano |
| _____ 0700 Contra Costa | _____ 3400 Sacramento | _____ 4900 Sonoma |
| _____ 0900 El Dorado | _____ 3500 San Benito | _____ 5000 Stanislaus |
| _____ 1000 Fresno | _____ 3800 San Francisco | _____ 5500 Tuolumne |
| _____ 2000 Madera | _____ 3900 San Joaquin | _____ 5700 Yolo |
| _____ 2100 Marin | | |

_____ **8011 ANYWHERE IN THE SOUTHERN REGION OR**

MARK SOUTHERN REGION COUNTY CHOICES:

- | | | |
|------------------------|---------------------------|----------------------------|
| _____ 1300 Imperial | _____ 2600 Mono | _____ 4000 San Luis Obispo |
| _____ 1400 Inyo | _____ 3000 Orange | _____ 4200 Santa Barbara |
| _____ 1500 Kern | _____ 3300 Riverside | _____ 5400 Tulare |
| _____ 1600 Kings | _____ 3600 San Bernardino | _____ 5600 Ventura |
| _____ 1900 Los Angeles | _____ 3700 San Diego | |

TYPE OF EMPLOYMENT DESIRED:

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

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

DISCLOSURE OF INTERVIEW QUESTIONS TO OTHER COMPETITORS IS PROHIBITED AND MAY LEAD TO DISQUALIFICATION IF DISCOVERED.

Signature: _____ Date: _____