



SUPPLEMENTAL APPLICATION

SENIOR SANITARY ENGINEER

IDENTIFICATION NUMBER

Last Name

First Name

MI

The Senior Sanitary Engineer 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 Senior Sanitary Engineer 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 **April 15, 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.

SUPPLEMENTAL APPLICATION EXAMINATION QUESTIONS:

1. As a Senior Sanitary Engineer, you have the responsibility for directing staff responses to an emergency disaster situation. An earthquake has just occurred and Public Water Systems are impaired.

Describe your responsibilities as a first level supervisor and what specific actions you would take in this situation.

- Describe your role.
- Describe the direction you would give your staff.

2. As a Senior Sanitary Engineer in an office with staff members that are not meeting productivity goals.

Describe your responsibilities as a first level supervisor and what specific actions you would take in this situation.

3. The Water Recycling Regulations (Criteria) outlined in Title 22, California Code of Regulations' allows for the use of "recycled water" in California.

Please describe your knowledge of the roles of the Department of Public Health and the Regional Water Quality Board in developing, implementing and enforcing requirements of the Regulations (Criteria).

4. As a Senior Sanitary Engineer, you are responsible for providing equal employment opportunities for all, and ensuring the work environment is free from discrimination and harassment of any kind.

Describe how you would ensure equal employment opportunities and a discrimination and harassment free work environment.

5. The Department operates under a fee for service program that is closely scrutinized by the public water systems we regulate.

As a first level supervisor, describe how you would assure that your staff's work is completed efficiently and accurately?

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Senior Sanitary Engineer **Name:** _____
(Print: First, Middle initial, Last)

FFD: April 15, 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:
_____ 4500 Shasta

_____ 8001 **ANYWHERE IN THE CENTRAL REGION OR**
MARK CENTRAL REGION COUNTY CHOICES:
_____ 2700 Monterey _____ 4900 Sonoma
_____ 0700 Contra Costa _____ 3400 Sacramento
_____ 1000 Fresno _____ 3900 San Joaquin

_____ 8011 **ANYWHERE IN THE SOUTHERN REGION OR**
MARK SOUTHERN REGION COUNTY CHOICES:
_____ 3000 Orange _____ 4200 Santa Barbara
_____ 1500 Kern _____ 3700 San Diego
_____ 3600 San Bernardino _____ 1900 Los Angeles

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: _____