

Training and Experience Packet

The Training and Experience Questionnaire is the sole component of the Associate Health Program Adviser 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 follow the instructions 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 1-28)
- 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 Associate Health Program Adviser 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, Little or None, and Assisting 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.

Assisting:

Reviewing content for clarity/compliance with mandates or making recommendations in a professional capacity (not clerical).

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. Serving as a representative of the program on inter/intra agency committees, planning groups and work groups to update, advise, and gather information from external constituents.

- Extensive
 Limited

- Moderate
 Little or None

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

- Extensive
 Limited

- Moderate
 Little or None

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

- Extensive
 Limited

- Moderate
 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
 Limited

- Moderate
 Little or None

5. Meeting with and advising management on program issues.

- Extensive
 Limited

- Moderate
 Little or None

Candidate Name:

(Print: first, middle initial, last)

6. Conceptualizing and proposing policies that provide alternatives for meeting program needs.

- Extensive
 Limited

- Moderate
 Little or None

7. Collaborating with constituents in policy development.

- Extensive
 Limited

- Moderate
 Little or None

8. Developing and reviewing funding applications, grants and proposals.

- Extensive
 Limited

- Moderate
 Little or None

9. Assisting in development of program standards and best practices to promote positive public health outcomes, and ensure consistency, objectivity, and compliance with federal and state mandates.

- Extensive
 Limited

- Moderate
 Little or None

10. Assisting in the review of program standards and best practices to promote positive public health outcomes, and ensure consistency, objectivity, and compliance with federal and state mandates.

- Extensive
 Limited

- Moderate
 Little or None

11. Coordinating **and or** conducting site reviews to ensure contractor's compliance with contractual obligations and requirements.

- Extensive
 Limited

- Moderate
 Little or None

12. Assisting in the establishment of mission statements, goals, objectives, activities, **and or** evaluating processes relevant to development of strategic plans.

- Extensive
 Limited

- Moderate
 Little or None

Candidate Name:

(Print: first, middle initial, last)

13. Monitoring contracts to ensuring compliance with contractual obligations.

 Extensive Limited Moderate Little or None

14. Preparing correspondence, issuing memoranda, program reports, informational summaries and documents for management.

 Extensive Limited Moderate Little or None

15. Developing and interpreting needs assessments to determine public health needs.

 Extensive Limited Moderate Little or None

16. Tracking and analyzing the implications of federal, state, local laws, and regulations.

 Extensive Limited Moderate Little or None

17. Analyzing data **and or** researching to identify areas of need for new or existing programs.

 Extensive Limited Moderate Little or None

18. Tracking and analyzing budgets to make recommendations to management regarding how funding should be spent to meet program needs.

 Extensive Limited Moderate Little or None

19. Assisting in the development of new or existing programs to meet public health needs.

 Extensive Limited Moderate Little or None

Candidate Name:

(Print: first, middle initial, last)

20. Assisting in the development of legislative proposals to meet department **and or** program needs.

- Extensive
 Limited

- Moderate
 Little or None

21. Assisting in the development of budget concept proposals to meet department **and or** program needs.

- Extensive
 Limited

- Moderate
 Little or None

22. Assisting in the preparation of legislative bill analyses.

- Extensive
 Limited

- Moderate
 Little or None

23. Assisting in the development of regulations for new or existing programs.

- Extensive
 Limited

- Moderate
 Little or None

24. Participating in internal and external workgroups to develop strategies for the accomplishment of program goals and objectives.

- Extensive
 Limited

- Moderate
 Little or None

25. Speaking publicly about issues and policies clearly and concisely.

- Extensive
 Limited

- Moderate
 Little or None

26. Summarizing information for program management.

- Extensive
 Limited

- Moderate
 Little or None

Candidate Name:

(Print: first, middle initial, last)

27. Utilizing Microsoft Office (i.e., word processing, database, spreadsheet, e-mail and presentation software).

Extensive

Limited

Moderate

Little or None

28. Navigating the Internet to gather information.

Extensive

Limited

Moderate

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:** Associate Health Program Adviser**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 0700 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 IN 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?