



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
COMMUNICABLE DISEASE REPRESENTATIVE**

Open Examination

Final Filing Date: **October 2, 2014**

Bulletin Release Date: **September 2, 2014**

K118 -9052 4H1AG



California State Government supports equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, marital status, disability, religious or political affiliation, age, or sexual orientation. It is an objective of the State of California to achieve a drug-free work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service, and the special trust placed in public servants.

EXAMINATION TYPE: This is an open examination. Applications for this examination will not be accepted on a promotional basis. Career credits will not be granted.

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 (page four) must be submitted via the U.S. Postal Service or hand delivered to the California 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 copies to:

Mailing Address:

**California Department of Public Health
Selection & Certification Unit
MS 1700-1702
P.O. Box 997378
Sacramento, CA 95899-7378**

File in Person Address:

**California Department of Public Health
Selection & Certification Unit
1501 Capitol Avenue, Suite 71.1501
Sacramento, CA 95814
Telephone: (916) 319-9759**

DO NOT SUBMIT APPLICATIONS TO THE STATE PERSONNEL BOARD OR THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES. ALSO, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH WILL NOT ACCEPT APPLICATIONS SENT ONLINE, VIA INTER-AGENCY MAIL OR FAX.

FINAL FILING DATE: Applications (STD. 678) and Supplemental Applications must be submitted by **October 2, 2014**, the final filing date. Applications postmarked or personally delivered after the filing deadline will not be accepted.

SALARY RANGES: **Range A-** \$ 3137.00 - 3562.00 per month.
Range B- \$ 3268.00 - 3895.00 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 list of all benefits may be viewed at <http://www.calhr.ca.gov/employees/Pages/salary-and-benefits.aspx>

POSITION DESCRIPTION: This is the entry training and full journey level of series. Under supervision and through in-service training and on-the-job training: to learn the techniques of making field visits and to perform technical investigative and staff work of the program for prevention and control of communicable diseases and related public health problems in a local health district or other specified area; to provide assistance in the development, coordination, and implementation of an assigned phase of the program for prevention and control of communicable diseases and related health problems; to enforce laws and regulations relating communicable diseases and related health problems; including interviewing,

follow-up, drawing of blood, obtaining cultures, to assist in conducting and improving communicable disease prevention, treatment and control programs in high incidence areas and to do other related work.

Positions may exist with the California Department of Public Health in Contra Costa County. This classification does require regular travel away from your position location.

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 2, 2014**, 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. A copy of your official degree and transcripts may assist in the evaluation of your qualifications as it relates to meeting the education 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 Infectious Disease Section performing the duties of a Public Health Assistant I; or one year experience in the Infectious Disease Section performing the duties of a Public Health Assistant II.

And

Education: Completion of 30 semester units of college level academic education.

Or II

Experience: Six months of experience as a Health Program Technician I in the Infectious Disease Program.

Or III

Experience: Two years of experience as a medical service corpsperson dealing with communicable diseases or as a communicable disease representative or investigator in a local, State or Federal health agency.

And

Education: Completion of 30 semester units of college level academic education. (Additional qualifying experience may be substituted on a year-for-year basis for one year of the required education).

Or IV

Education: Equivalent to graduation from college.

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%. Applicants are required to respond to the following **five** supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at the Communicable Disease Representative level. 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.

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.

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

KNOWLEDGE OF:

1. Knowledge of programs applicable to general disease control including sexually transmitted disease (STDs), other communicable diseases, and related public health problems to assist patients, at risk partners and family members in receiving appropriate evaluation.

2. Knowledge of techniques of communicable disease control to interrupt the spread of disease and to educate patients, at risk partners, family members and health care providers.
3. Knowledge of modes of transmission, diagnosis and treatment and control procedures for sexually transmitted diseases, human immunodeficiency virus and other various communicable diseases to fully understand the scope of affected individuals.
4. Knowledge of clinical and laboratory operations and diagnostic tests for sexually transmitted diseases, human immunodeficiency virus and other various communicable diseases.
5. Knowledge of methodology of enforcement and compliance with public health laws and regulations to ensure confidentiality.
6. Knowledge of the department's and work unit's required format, style, and standards for written materials to ensure that materials prepared and reviewed are complete, accurate, and comply with such standards.

ABILITY TO:

1. Ability to travel and work irregular hours.
2. Ability to classify pediatric cases to recognize high risk, give appropriate evaluation and to complete the case report.
3. Ability to conduct confidential interviews of a highly personal nature to perform investigative and referral work resulting in treatment for infected patients and their at risk partners.
4. Ability to exercise initiative and tact in tracing and contacting at risk partners to arrange follow up medical treatments.
5. Ability to gain the confidence and establish rapport with challenging, difficult to reach and third party individuals to further the investigations and refer patients for medical evaluation and treatment.
6. Ability to establish and maintain ethical and cooperative relationships with medical and other professional personnel, public health officials, and community groups in order to enhance disease control efforts in the community.
7. Ability to assist in the organization and presentation of sexually transmitted disease, human immunodeficiency virus and other various communicable disease educational and informational programs to at risk groups to bring the most current data to a variety of audiences.
8. Ability to effectively educate the communities, professionals, medical personnel and infected patients about current trends in communicable diseases.
9. Ability to collect urine and oral specimens for the purpose of sexually transmitted disease, human immunodeficiency virus and other various communicable disease testing.
10. Ability to perform veni-puncture/skin puncture (draw blood) for the purpose of submitting to a laboratory for testing.

SUPPLEMENTAL APPLICATION: Each applicant for this examination **must** complete and submit responses to the **five** supplemental items that follow. Answer questions independently and 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. 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 typed in 12 pt., Arial font.
- 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, examples, 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), two copies of the Supplemental Items and the Conditions of Employment (631) to the address listed on the bulletin.

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

SUPPLEMENTAL APPLICATION ITEMS

1. You have been assigned a patient lab result, of a client that has tested positive for a sexually transmitted disease, for which an interview and appropriate treatment is necessary. Upon further review of the lab report, you discover that this patient is a close personal friend.

Describe the actions you should take to ensure proper case management.

2. As a Communicable Disease Representative, you identify a medical provider that has been inadequately treating clients.

Describe the actions you should take to correct the problem.

3. You have made contact with a client that becomes distraught after being informed that they have been referred to you by their physician because they have tested positive for a communicable disease.

Describe the process you should take to assist this client.

4. In the process of an investigation, you encounter a client that needs evaluation for a communicable disease. The client informs you that they have no medical insurance and have not applied for medical services.

Describe the actions you should take to ensure that the patient receives adequate medical services.

5. While conducting an interview with a client, the client shares an incident with you that is personally troubling to you as the interviewer.

Describe the actions you should take to ensure that the interview is thoroughly completed.

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(s) 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 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.

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:

California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS
Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Communicable Disease Representative

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.

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) or electronic versions (email) will not be accepted under any circumstance.

CONDITIONS OF EMPLOYMENT (631)

Title: Communicable Disease Representative

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

FFD: October 2, 2014

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.

0700 Contra Costa

TYPE OF EMPLOYMENT DESIRED:

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

*Please note- this classification does require regular travel away from your position location.

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 examination title, identification number and Social Security number.

Signature: _____ Date: _____

Return this page with your original signature along with your Supplemental Application.