



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
COMMUNICABLE DISEASE MANAGER I
COMMUNICABLE DISEASE MANAGER II
COMMUNICABLE DISEASE MANAGER III
DEPARTMENTAL - OPEN**



Bulletin Release Date: June 2, 2014
****FINAL FILING DATE: July 2, 2014****

KI10-12-14/8430-8431-8402 4H164-01-4H164-02-4H164-03

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.

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 and Supplemental Applications (see page four) must be submitted to the address listed below via the U.S. Postal Service, or hand delivered to the 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>.

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) 552-9212**

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

CROSS FILING INFORMATION: If you meet the entrance requirements for the Communicable Disease Manager I, Communicable Disease Manager II and for Communicable Disease Manager III, you may file for all examinations on a single application. You must indicate the class title(s) corresponding to each examination for which you are applying on the application Form STD. 678.

FINAL FILING DATE: Applications (Form STD. 678) must be submitted by **July 2, 2014** the final filing date. Applications postmarked, personally delivered, or received via interoffice mail after the filing deadline will not be accepted.

SALARY RANGES: CDM I - \$4,622.00 - \$5,743.00
 CDM II - \$5,079.00 - \$6,311.00
 CDM III - \$5,576.00 - \$6,929.00

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 description of all benefits may be viewed at <http://www.calhr.ca.gov/Pages/home.aspx>

POSITION DESCRIPTION:

Communicable Disease Manager I, This is the first supervisory level in the class series and also the second supervisory level in the program. The incumbent acts as an area supervisor over a small staff of lower level positions. As area supervisor, the incumbent supervises staff assigned to field activities, carrying out nonmedical, administrative, technical,

and supervisory responsibilities for a multi-county geographic area. The incumbent is responsible for supervising and training a small staff of Communicable Disease Representatives in an assigned multi-county geographic area involved in the investigation, prevention, and control of communicable diseases, i.e., Area Supervisors in Venereal Disease Control Programs. Directs program activities to ensure standard quantity, quality, and timeliness of work.

Communicable Disease Manager II, Is responsible for all phases of local communicable disease programs within a very large and complex geographical area, i.e., the northern or southern half of the State or all of Los Angeles County. Incumbents supervise Communicable Disease Specialists I, II/Managers I, "Communicable Disease Representatives" or Federal or county assignees. The incumbent has program and budget responsibility for communicable disease programs within an assigned area.

Communicable Disease Manager III, May serve either as Program Chief for a communicable disease prevention program, i.e., venereal disease, tuberculosis, and immunization assistance, under the broad direction of the Chief, Infectious Disease Section. As Chief of a communicable disease program, the incumbent may act for and make independent decisions for the Chief, Infectious Disease Section. Or As Assistant Chief for a large and complex communicable disease program, i.e., venereal disease, under the direction of the Program Chief. As Assistant Program Chief for a large and complex program, the incumbent may act for and make independent decisions for the Program Chief. The incumbent plans, organizes, directs, and coordinates the activities of a statewide Communicable Disease Prevention and Control Program and may supervise a large technical staff involved in a statewide program. Incumbents assist in the development, implementation, and evaluation of statewide program policy; provide professional program consultation and technical advice to Federal, State, local, and regional conferences; and maintain close coordination with counterparts in Federal and local agencies.

Positions exist with the Department of Public Health in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Diego and Santa Clara.

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 on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **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, names of institutions, completion dates, and degree (if applicable). **Applications received without this information will be rejected.**

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.

ALL LEVELS:

Possession of a master's degree in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field from a recognized school may be substituted for one year of the required general experience.

Communicable Disease Manager I:

Either I

Experience: Two years of experience in the California state service performing the duties of a Supervising Communicable Disease Representative or Consulting Communicable Disease Representative.

Or II

Experience: Four years of experience as a medical service corps person dealing with communicable diseases or as a communicable disease representative or investigator in a local, State, or Federal health agency. Two years of this experience must have been in an administrative or supervisory capacity with responsibility for the planning, implementation, or evaluation of a significant phase of a communicable disease control program.

AND

Education: Equivalent to graduation from college. (Additional supervisory or administrative experience may be substituted on a year-for-year basis for two years of the required education.)

Communicable Disease Manager II:

Either I

Experience: Two years of experience in the California state service as a Communicable Disease Specialist I or Communicable Disease Manager I.

Or II

Experience: Five years of experience as a medical service corps person dealing with communicable diseases or as a communicable disease representative or investigator in a local, State, or Federal health agency. Four years of this

experience must have been in an administrative or supervisory capacity with responsibility for the planning, implementation, or evaluation of a significant phase of a communicable disease control program.

AND

Education: Equivalent to graduation from college. (Additional supervisory or administrative experience may be substituted on a year-for-year basis for two years of the required education.)

Communicable Disease Manager III:

Either I

Experience: Two years of experience in the California state service as a Communicable Disease Specialist II or a Communicable Disease Manager II.

Or II

Experience: Five years of experience in an administrative or supervisory capacity in a local, State, or Federal agency with responsibility for the planning, implementation, or evaluation of a significant phase of a communicable disease program.

AND

Education: Equivalent to graduation from college.

Knowledge and Abilities:

Communicable Disease Manager I:

Knowledge of:

1. General disease prevention and control standards and methods for communicable diseases and related public health problems.
2. Modes of communicable diseases transmission, diagnosis and treatment.
3. Principles, techniques, and methods of public administration including organization, personnel, and fiscal management.
4. Principles, programs, problems, and trends in communicable disease administration.
5. Laws and regulations governing local communicable disease programs that receive State or Federal funds.
6. Principles and supervision and progressive discipline process.
7. Cultural diversity to ensure that supervisory decisions and expectations related to staff interaction, and take into consideration the needs of each staff member individually and collectively.

Ability to:

1. Develop cooperative and effective relationships with local health administrators in the course of disease prevention and control work.
2. Analyze a situation in order to apply the appropriate laws and regulations to support communicable disease control.
3. Speak and write effectively.
4. Supervise staff and manage program resources effectively to achieve program goals and objectives.
5. Assess and ensure culturally appropriate and effective delivery of health care, prevention and disease intervention services.
6. Lead and coordinate outbreak response and emergency preparedness activities.

Communicable Disease Manager II:

Knowledge of all of the above and:

1. Strategic planning, program management and evaluation at the state level.

Ability to: All of the above and:

1. Develop program policies, standards, and procedures.
2. Assume and demonstrate independent responsibility for decisions and actions having broad implications on program objectives and activities.

Communicable Disease Manager III:

Knowledge of all of the above and:

1. Public health accreditation process and evolving health care systems.
2. Current literature and best practices relevant to communicable disease prevention and control.

Ability to: All of the above and:

1. Critically review emerging literature and best practices, making recommendations to translate research and other findings into program action.

SPECIAL PERSONAL CHARACTERISTICS: All Levels: Willingness to travel throughout the State.

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 the ability to successfully perform at the Communicable Disease Manager I, II, or III levels. 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 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.

SUPPLEMENTAL APPLICATION: Each applicant for this examination **must** complete and submit responses to the supplemental items that follow. 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.

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 size should be no smaller than "10" pitch.
- Your responses must be limited to one to two pages 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, 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) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

FILING INSTRUCTIONS:

Applicants must submit:

- A completed Standard State Application (STD. 678)
- A response to each of the supplemental items that pertains to which exam you are filing for. (two copies)
- Signed Certification Page (see page 6)
- Signed form 631-Conditions of Employment (see page 8)

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

SUPPLEMENTAL ITEMS

1. The California Department of Public Health has become aware of a possible multi-jurisdictional communicable disease outbreak in both rural and urban counties. Six (6) local health jurisdictions have reported a sharp increase in incident communicable disease cases, three (3) of these jurisdictions have requested assistance in responding to the communicable disease outbreak.

As a Communicable Disease Manager, describe what actions are needed in collaboration with the local health jurisdictions to ensure an effective disease control response.

2. You receive a call from one your staff at 7:00 a.m., stating that their briefcase containing their work computer and communicable disease case management files were stolen out of their vehicle overnight. As the Communicable Disease Manager, describe the steps you should take to address the situation.
3. One focus of this position is providing technical assistance to local health jurisdictions to enhance disease control programs and improve performance outcomes. Describe your knowledge, skills and experience and what steps you should take to facilitate a process to improve the local health jurisdiction's performance.
4. In your role as a Communicable Disease Manager, you are required to have familiarity in applying the basic principles of public health and communicable disease prevention control to facilitate and respond to emerging communicable disease control needs. Describe an example that demonstrates how you have applied these principles in your work.
5. Describe your work experience with a challenging management situation and the techniques used to resolve the issue. Please highlight a scenario that addresses the following: A) Supervision B) Staff development C) Progressive discipline.

(FOR CDM II CANDIDATES- PLEASE ANSWER ALL OF THE ABOVE AND THE FOLLOWING QUESTION.)

6. As a Communicable Disease Manger II you have been assigned to develop and implement a statewide project. Describe the steps you should take to manage and effectively implement program objectives within the established deadlines.

(FOR CDM III CANDIDATES- PLEASE ANSWER ALL OF THE ABOVE AND THE FOLLOWING QUESTION.)

7. As a Communicable Disease Manager III you are responsible for statewide leadership and policy development. Describe how you have addressed a policy challenge that you have faced.

THIS CONCLUDES THE EXAMINATION PROCESS FOR THE COMMUNICABLE DISEASE MANAGER I, II, AND III. PLEASE REFER TO THE INSTRUCTIONS LISTED ABOVE FOR INFORMATION ON HOW TO RETURN YOUR APPLICATION AND EXAMINATION MATERIALS.

SECURITY INFORMATION FOR PARTICIPANTS

Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Communicable Disease Manager Series

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) will not be accepted under any circumstance.

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 promotional list will be established for use by the department(s) listed on this announcement. List eligibility 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:

MCI from TDD: 1-800-735-2929

MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378

Sprint from voice telephone: 1-888-877-5379

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Communicable Disease Manager Series

FFD: July 2, 2014

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

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 indicate your choices - you will not be offered a job in locations not checked. If more than 15 locations are chosen, you may be considered available for work anywhere in the state.

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

Communicable Disease Manager I:

- | | |
|---|--|
| <input type="checkbox"/> (0100) Alameda County | <input type="checkbox"/> (3000) Orange County |
| <input type="checkbox"/> (0700) Contra Costa County | <input type="checkbox"/> (3300) Riverside County |
| <input type="checkbox"/> (1000) Fresno County | <input type="checkbox"/> (3400) Sacramento County |
| <input type="checkbox"/> (1500) Kern County | <input type="checkbox"/> (3700) San Diego County |
| <input type="checkbox"/> (1900) Los Angeles County | <input type="checkbox"/> (4300) Santa Clara County |

Communicable Disease Manager II:

- | | |
|---|--|
| <input type="checkbox"/> (0100) Alameda County | <input type="checkbox"/> (3000) Orange County |
| <input type="checkbox"/> (0700) Contra Costa County | <input type="checkbox"/> (3300) Riverside County |
| <input type="checkbox"/> (1000) Fresno County | <input type="checkbox"/> (3400) Sacramento County |
| <input type="checkbox"/> (1500) Kern County | <input type="checkbox"/> (3700) San Diego County |
| <input type="checkbox"/> (1900) Los Angeles County | <input type="checkbox"/> (4300) Santa Clara County |

Communicable Disease Manager III:

- | | |
|---|--|
| <input type="checkbox"/> (0100) Alameda County | <input type="checkbox"/> (3000) Orange County |
| <input type="checkbox"/> (0700) Contra Costa County | <input type="checkbox"/> (3300) Riverside County |
| <input type="checkbox"/> (1000) Fresno County | <input type="checkbox"/> (3400) Sacramento County |
| <input type="checkbox"/> (1500) Kern County | <input type="checkbox"/> (3700) San Diego County |
| <input type="checkbox"/> (1900) Los Angeles County | <input type="checkbox"/> (4300) Santa Clara County |

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (regular hours less than 40) | <input type="checkbox"/> Intermittent (on call) |
| <input type="checkbox"/> Limited Term | | |

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (regular hours less than 40) | <input type="checkbox"/> Intermittent (on call) |
| <input type="checkbox"/> Limited Term | | |

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: _____