

**DEPARTMENT OF TRANSPORTATION  
OFFICE OF EXAMINATIONS  
PERSONNEL SUPERVISOR I  
4TR55  
SUPPLEMENTAL APPLICATION QUESTIONNAIRE**

The Department of Transportation (DOT) PERSONNEL SUPERVISOR I examination is being given on a Departmental Open basis. This examination will consist solely of this self-assessment Supplemental Application Questionnaire.

**This questionnaire is your entire exam** and is designed to elicit a range of specific information regarding each candidate's knowledge, abilities, and experience to effectively perform the duties relative to the classification(s). Candidates are responsible for reading all of the material provided prior to completing this questionnaire. Responses will be evaluated using predetermined rating criteria. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Please answer questions completely since incomplete responses and omitted information cannot be considered and/or assumed. *Resumes, letters of reference, and other materials **will not be evaluated or considered*** as responses to items in the Supplemental Application Questionnaire. **(NOTE:** Failure to meet the entrance requirements and/or to complete this questionnaire accurately will result in elimination from this examination.) Candidates who fail to follow the instructions and/or who solicit input or assistance from others to complete this questionnaire will be eliminated from the examination.

IT IS IMPORTANT THAT YOU RETAIN A COPY OF THIS SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR YOUR RECORDS. The Department of Transportation will NOT provide you a copy of your completed supplemental application questionnaire.

<b><u>THIS AFFIRMATION MUST BE COMPLETED</u></b>	
I hereby certify and understand that the information provided by me (without assistance from others) on this Supplemental Application Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information may be verified. I also understand that if it is discovered that I have made any false representations, I will be removed from the examination process, removed from the list resulting from the examination, may not be allowed to compete in future examinations for State employment, and may be subject to prosecution for misdemeanor or felony offenses under California law. Additionally, State employees may have adverse action taken against them up to and including dismissal.	
SIGNATURE: _____	DATE: _____
NAME (PRINT): _____	
EXAMINATION TITLE: _____	

The completed Supplemental Application Questionnaire can be mailed and/or personally hand delivered to:

**Department of Transportation  
Exam Services (MS 86)  
P.O. Box 168036  
Sacramento, CA 95816-8036**

**File in person: Department of Transportation  
1727 30<sup>th</sup> Street, 1<sup>st</sup> Floor  
Sacramento, CA 95816  
(916) 227- 7858**

Facsimile (FAX) or electronically mailed (e-mailed) Supplemental Applications **will not** be accepted



STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION

CONDITIONS OF EMPLOYMENT  
Division of Human Resources – Exam Services and Recruitment  
PM-EX-0631 (Rev. 09/2010)

<b>EXAMINATION TITLE</b> Personnel Supervisor I	
<b>EXAMINATION CODE</b> 4TR55	<b>EXAMINATION DATE</b>
<b>CANDIDATE NAME – (PLEASE PRINT – (Last Name, First Name, Middle Initial)</b>   	
<b>PLEASE CHECK <u>ONE BOX ONLY</u> NEXT TO THE TYPE OF APPOINTMENT YOU WILL ACCEPT.</b>	
<input type="checkbox"/> A11	PERMANENT OR TEMPORARY - FULL TIME, PART TIME, OR INTERMITTENT
<input type="checkbox"/> C55	PERMANENT OR TEMPORARY - FULL TIME ONLY
<input type="checkbox"/> M44	PERMANENT OR TEMPORARY - PART TIME OR INTERMITTENT ONLY
<input type="checkbox"/> D58	PERMANENT ONLY - FULL TIME ONLY
<input type="checkbox"/> K85	TEMPORARY ONLY - FULL TIME ONLY
<input type="checkbox"/> R41	PERMANENT- PART TIME OR INTERMITTENT OR TEMPORARY - FULL TIME, PART TIME, OR INTERMITTENT
<p>Privacy Statement Please notify the Department of Transportation promptly of any changes in your address or availability for employment.</p>	

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I - EMPLOYMENT HISTORY**

**Instructions:** Please describe your work experience as it relates to the **PERSONNEL SUPERVISOR I** position. Begin with your most recent position. The *EXPERIENCE CODE* will be used in Part II to identify where you worked. You may include additional pages if necessary.

**EXPERIENCE CODE A**

Employer Name: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**EXPERIENCE CODE B**

Employer Name: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**EXPERIENCE CODE C**

Employer Name: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**EXPERIENCE CODE D**

Employer Name: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

# PERSONNEL SUPERVISOR I

## Supplemental Application Questionnaire

### PART II - WORK EXPERIENCE

#### INSTRUCTIONS

**Step 1:** In the *Experience Code* column, use the codes from PART I of this questionnaire to indicate where you performed the activity and/or acquired the task or knowledge. You may list more than one code per item, if applicable.

**Step 2:** For each item listed on **page 5, in rows "1" through "12,"** place an "X" in the column that most accurately represents the experience you have and the amount of time your experience represents.

#### SAMPLE

		CODE	EXPERIENCE	AMOUNT OF TIME						
		Experience Code(s)	I have had no education, training, or experience with this task.	I have had education or training on this task, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently	I possess less than one (1) year of experience.	I possess one (1) to three (3) years of experience.	I possess four (4) to five (5) years of experience.	I possess more than five (5) years of experience.
1.	<b>(Sample Item)</b> Writing a Memorandum.	<b>A &amp; C</b>				<b>X</b>		<b>X</b>		

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**  
**PART II-WORK EXPERIENCE**

PRINT NAME \_\_\_\_\_

**INSTRUCTIONS:** In the *Experience Code* column, use the codes from PART I of this form to indicate where you performed the activity or task. You may list more than one code per item, if applicable.

Place an "X" in the column that most accurately represents the **Experience** you have and the **Amount of Time** your experience represents.

		CODE	EXPERIENCE				AMOUNT OF TIME			
		Experience Code(s) (FROM PART I)	I have had no training, or experience with this task.	I have had training, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently.	I possess less than two (2) years of experience.	I possess between two (2) to three (3) years of experience.	I possess between three (3) to four (4) years of experience.	I possess more than four (4) years of experience.
1.	Apply laws, rules, regulations, and bargaining contract provisions concerning personnel transactions									
2.	Interpret reference materials									
3.	Maintain personnel records									
4.	Coordinate a variety of personnel/payroll transactions									
5.	Research critical transactions and recommend alternate solutions									
6.	Design and prepare spreadsheets and charts									
7.	Present ideas and recommendations to management									
8.	Create and draft correspondence									
9.	Maintain confidentiality of information contained in personnel/payroll files									
10.	Advise employees of their rights									
11.	Promoting equal opportunity in employment and maintain a work environment that is free of discrimination and harassment									
12.	Plan, organize, direct, and evaluate the work of staff									
13.	Provide training to staff									
14.	Utilize Microsoft Office Applications, or comparable computer software programs, in an office environment									
15.	Operating office equipment such as calculators, facsimile machines, printers, scanners, projectors, telephones, and office computers									
16.	Supervising the work of others									

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

**PART III – NARRATIVE QUESTIONS**

**INSTRUCTIONS**

This exam will require candidates to respond to pre-determined job-related questions in written format. It's very important that you answer each question completely and thoroughly. YOU HAVE THE OPTION OF responding in "bullet format" or summarizing your response in "paragraph format". You may also use a combination of both.

- Your response to each question should be on a separate page.
- Each page should include the name of the examination, your name, and date.
- Responses can be in bullet or paragraph format or a combination of both.

**SAMPLE**

**PERSONNEL SUPERVISOR I**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question #1      Bullet format sample**

- XX
- XX
- XX

**Question #2      Paragraph format sample**

XX  
XX  
XX

**Question #3      Combination of both formats**

- XX
- XX
- XX

XX  
XX  
XX

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

**PART III – NARRATIVE QUESTIONS**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 1:**

As a new Personnel Supervisor I, you have been assigned to supervise a unit of Personnel Specialists.

Identify how you should familiarize yourself with your staff.

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 2:**

You have a staff member who is not meeting performance expectations and is constantly missing deadlines.

Discuss the possible actions you should take to address this staff member's issues.

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 3:**

During a performance review, one of your employee's indicates that he/she has a disability and requests a reasonable accommodation.

Identify the steps necessary in evaluating this request.

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 4:**

You observe two of your employees shouting heatedly at one another in the workplace.

How should you address this situation?

**PERSONNEL SUPERVISOR I**  
**Supplemental Application Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 5:**

The California Department of Human Resources (CalHR) issues a Personnel Memorandum Letter (PML) that changes the definitional requirements of a “dependent”. This change will impact coverage in health, dental, and vision plans.

What steps would you take in enacting this new procedure?

## PERSONNEL SUPERVISOR I Supplemental Application Questionnaire

### Question # 6:

Eight employees work for the Department of Parks and Recreation in the State of Calexico. **Table A** (below) displays the following information about each employee: their name, position title, what bargaining unit they belong to, length of time they have worked for the State of Calexico, the number of Vacation days the employee has used since commencing employment, the number of Sick days the employee has used since commencing employment, and the number of Professional Enhancement Days the employee has used during the current fiscal year. **Table B** (on next page) displays the Leave Balances that are recorded in the Calexico Tracking System (CTS) for each employee.

Your task is to audit the information provided in **Table B** and indicate any incorrect values listed in the table. You should utilize **ONLY** the information provided on this page when making your assessment.

### Relevant Calexico Policies:

- At 12 months or less service, employees accrue 8 hours of Vacation and 7 hours of Sick leave per month
- At 13 months of service and up to 48 months of service, employees accrue 10 hours of Vacation and 8 hours of Sick leave per month
- At 49 months of service employees accrue 12 hours of Vacation and 10 hours of Sick leave per month
- Bargaining unit 1 provides its employees 3 Professional Enhancement Days per fiscal year
- Bargaining unit 2 provides its employees 2 Professional Enhancement Days per fiscal year
- Bargaining unit 3 provides its employees 1 Professional Enhancement Day per fiscal year
- Bargaining unit 4 provides its employees 1 Professional Enhancement Day per fiscal year
- Professional Enhancement Days must be used during the current fiscal year and will not carry over to the subsequent fiscal year

**Table A**

Employee Name	Position Title	Bargaining Unit	Length of Employment	Vacation Days Used	Sick Days Used	Professional Enhancement Days Used during Fiscal Year 14/15
Jack	Manager	1	60 months	17	9	1
Kate	Analyst	1	19 months	12	5	3
Sawyer	Engineer	2	41 months	38	30	1
John	Architect	2	26 months	0	0	0
Hugo	Cook	3	7 months	6	6	1
Claire	Accountant	1	17 months	17	15	2
Sayid	Carpenter	3	25 months	20	12	1
Sun	Attorney	4	48 months	32	40	0

## PERSONNEL SUPERVISOR I Supplemental Application Questionnaire

**Question # 6 (cont'd):**

**Note:** “Vacation and Sick Balance” displays the amount of Hours that an employee has remaining of Vacation and Sick Leave that is unused. The “14/15 PE Days Balance” displays the number of Professional Enhancement Days an employee has remaining in the 14/15 fiscal year.

**Note:** Each employee is employed full time and works 8 hours per day.

**Table B: Employee Leave Balances**

	A	B	C	D
	Name	Vacation Balance	Sick Balance	14/15 PE Days Balance
1	Jack	464	430	2
2	Kate	78	100	0
3	Sawyer	82	76	1
4	John	244	196	2
5	Hugo	8	0	1
6	Claire	10	4	0
7	Sayid	66	92	0
8	Sun	200	50	1

**TASK:** Identify any values that are **INCORRECT** in Table B and indicate the proper value.

(Note: Incorrect values in the table, if any, may be indicated in the following format: cell value where the error exists and the correct value that should be in that cell.)

*For instance, A1: 462 → would indicate that an error exists in Jack’s Vacation Balance and that the correct value is 462 hours*