

CALIFORNIA DEPARTMENT OF INSURANCE
HUMAN RESOURCES MANAGEMENT DIVISION
TRAINING & EXPERIENCE EVALUATION FOR:

PROGRAM TECHNICIAN III

GENERAL INSTRUCTIONS

Read instructions carefully

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for Program Technician III with the California Department of Insurance (CDI). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto an eligible list. The list will be used by CDI statewide to fill existing positions. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time base you are interested in working. It is required that you personally complete this examination accurately and without assistance.

This process is the entire examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

1. Additional instructions are provided on the following pages.
2. This examination enables you to apply for the Program Technician III classification. If successful, your name will be placed on an eligible list.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Program Technician III. You must ensure you have addressed each of the following areas:

- Candidate Information (page 2)
- Prior State Employment Information (page 2)
- Conditions of Employment (page 2)
- Address or Availability for Employment Changes (page 3)
- Minimum Qualifications (page 3)
- Work Experience (pages 4 and 5)
- Knowledge, Skill, and Ability Assessment (page 6)
- Preparation for Hiring Interview (page 7)
- Qualifications Assessment Return and Mailing Procedures (page 7)
- Affirmation Statement (page 7)

YOUR COMPLETED TRAINING & EXPERIENCE EVALUATION MUST INCLUDE YOUR ORIGINAL SIGNATURE

CANDIDATE INFORMATION

Name: _____

Social Security Number: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

E-mail Address: _____

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next section **ONLY** if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU**, please mark the "Not Applicable" box below and continue to the next section.

State Personnel Board, Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
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CONDITIONS OF EMPLOYMENT FOR CALIFORNIA DEPARTMENT OF INSURANCE

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

Note: Positions are not available at all locations. Please refer to the official examination bulletin for information regarding current available positions and their locations.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time (R) Permanent Part-Time (K) Limited-Term Full-Time (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

LOCATION(S) YOU ARE WILLING TO WORK:

3400 SACRAMENTO, CA.

Note: Positions are located in Sacramento only.

ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES

Please notify the California Department of Insurance (CDI) promptly of any address changes or availability for employment changes at the following address:

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Alys Stockdale-Hollis

MINIMUM QUALIFICATIONS

Either I

In the California state service, either: (a) 12 months of experience performing duties equivalent in level of responsibility to the class of Program Technician II or Supervising Program Technician I; or (b) 30 months of experience performing duties equivalent in level of responsibility to the class of Program Technician.

Or II

Three years of experience in a governmental or private agency performing duties with program responsibilities equivalent in level to those of the departmental program in the State of California for which the examination is being administered. (Experience applied toward this requirement must include at least one year in a position equivalent in level of responsibility to the California state civil service class of Program Technician II.)

WORK EXPERIENCE

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #1 - #15, please indicate:

Length of Experience:

- 4 = Over 3 years of experience performing this task
- 3 = Over 2 years to 3 years of experience performing this task
- 2 = Over 1 year to 2 years of experience performing this task
- 1 = 0 to 1 year of experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 5 years:

- 2 = yes
- 1 = no

	Length of Experience	Frequency	Performed task within last 5 years
1. Review and evaluate complex license application packages and other related documents for issuance, renewals, or denial of licenses, legal certifications, bonds, endorsements, to ensure accuracy in a timely manner.			
2. Respond to and resolve issues from the public, licensees, or other state agencies by telephone or by written correspondence in a timely manner utilizing various resources such as the California Insurance Code (CIC), California Code of Regulations (CCR), CDI Policies, and Procedures Manuals.			
3. Process Business Entity applications, Business Entity renewals, late individual renewals, business entity endorsements, and/or name approvals.			
4. Provide technical assistance to attorneys, investigators, other departmental personnel, and other governmental agencies to resolve licensing issues in accordance with the CIC, CCR, and CDI Policies and Procedures.			
5. Process the most complex bonds, such as cancellations and reinstatements, and taking appropriate action when necessary.			
6. Intervene in difficult situations regarding public inquiry and problems requiring analysis of file records and determine appropriate course of action necessary.			
7. Handle multiple tasks in order to meet deadlines.			
8. Communicate verbally and in writing to effectively conduct and conclude business in a professional and appropriate manner.			
9. Operate computer systems to effectively input and retrieve information from different databases.			
10. Accurately calculate fees in accordance with the business operations.			
11. Research records of licensees to provide assistance to general public, departmental staff or other governmental agencies.			
12. Inform applicants and/or licensees of policies and requirements in obtaining, or renewing licenses.			
13. Assist other Program Technicians to resolve complex issues in the analysis of file records to ensure that employees adhere to quality standards, and proper procedures.			
14. Prepare and maintain confidential documents for data entry and distribution to internal and external agencies/departments utilizing various database and electronic systems as directed.			
15. Input data to create file documents for applicants and licensees utilizing various database systems on a daily basis.			

WORK EXPERIENCE (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #16 - #19, please indicate:

Length of Experience:

- 4 = Over 3 years of experience performing this task
- 3 = Over 2 years to 3 years of experience performing this task
- 2 = Over 1 year to 2 years of experience performing this task
- 1 = 0 to 1 year of experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 5 years:

- 2 = yes
- 1 = no

	Length of Experience	Frequency	Performed task within last 5 years
16. Determine and make necessary changes to license records to add/update information by utilizing departmental database systems on a daily basis.			
17. Assist Unit Supervisor with daily functions and staff assignments to ensure compliance with CDI regulations, state agencies, and court mandates utilizing departmental database systems on an as needed basis.			
18. Act in a lead capacity during the absence of the Unit Supervisor to ensure effective unit operations and maintains communication with management staff utilizing available resources as needed.			
19. Recognize, analyze, and report database and/or system issues to Information Technology for assistance.			

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #1 – #13, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job.

3 = **Moderate Knowledge, Skill, or Ability:** I have the ability to perform this KSA, but may require general supervision.

2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.

1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

1. Knowledge of the CA Insurance Code, Laws, Rules, Regulations and policies of insurance licensing to provide information to the public and other state agencies.	
2. Knowledge of office policies and procedures (e.g. tracking systems, desk procedures, data entry) to maintain and retrieve information, respond to inquiries and effectively assist other Program Technicians.	
3. Knowledge of office equipment (e.g. computer software/programs, fax machine, scanner, telecommunication devices, microfiche reader) to process documents and disseminate information to internal/external agencies.	
4. Ability to effectively communicate both verbally and in writing to disseminate information, respond to inquiries professionally with departmental staff and other state agencies.	
5. Ability to accurately apply appropriate laws, rules, regulations, and policies (e.g. CA Insurance Code, California Code of Regulations, and CDI policies and procedures).	
6. Ability to evaluate departmental policies and procedures to provide guidance and ensure compliance.	
7. Ability to perform administrative duties (e.g. data entry, filing, proofreading) as assigned.	
8. Ability to evaluate situations accurately, use various database systems, and follow verbal and written instructions to take effective action to resolve technical and complex issues and/or concerns and ensure optimal performance.	
9. Ability to work independently and professionally with minimal direction to complete daily assignments.	
10. Ability to multi-task and prioritize workload to ensure timeframes are maintained.	
11. Ability to accurately calculate fees in accordance with business operations.	
12. Ability to evaluate situations accurately, and take effective action.	
13. Ability to meet and communicate professionally with the public, staff and other state agencies either in person, by telephone, or email.	

PREPARATION FOR HIRING INTERVIEW

If you are successful in this examination and called for a hiring interview, you will be asked to supply transcripts of your college course work, proof of degree(s) received and any credential(s) that may be applicable. Additionally, you may be asked to supply supplemental documentation to verify your responses in this examination. It is strongly recommended that you assemble transcripts and licenses in advance to expedite the process.

TRAINING AND EXPERIENCE EVALUATION RETURN AND MAILING PROCEDURES

Do not attach any additional documents to this Training and Experience Evaluation or send any forms/documents in advance as additional documents will not be rated. This Training and Experience Evaluation will account for 100% of the weight of your examination for this classification. **You may mail or deliver in person the completed Training and Experience evaluation to the following address:**

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Alysa Stockdale-Hollis

NOTE:

- Be sure your envelope has **adequate postage** when submitting via mail.
- Facsimiles (FAX) or Email/PDF will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Training and Experience Evaluation for your records.

AFFIRMATION STATEMENT

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

“The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility.”

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

THIS COMPLETES THE TRAINING AND EXPERIENCE EVALUATION