

**CALIFORNIA DEPARTMENT OF INSURANCE  
HUMAN RESOURCES MANAGEMENT DIVISION  
TRAINING AND EXPERIENCE QUESTIONNAIRE FOR:**

**SUPERVISING INSURANCE COMPLIANCE OFFICER, DEPARTMENT OF INSURANCE**

**GENERAL INSTRUCTIONS**

**Read instructions carefully**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Insurance Compliance Officer with the California Department of Insurance (CDI). In the following pages, we ask that you rate yourself on a series of statements and provide written responses to two questions. Both formats are designed to measure how your education, training, experience, and work history have provided you with the essential knowledge, skills, and abilities required to successfully perform in the Supervising Insurance Compliance Officer position.

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 Supervising Insurance Compliance Officer 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.

The following areas comprise the complete examination for Supervising Insurance Compliance Officer. 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)
- Knowledge, Skill, and Ability Assessment (pages 4 - 6)
- Work Experience (pages 7 - 9)
- Preparation for Hiring Interview (page 10)
- Questionnaire Return and Mailing Procedures (page 10)
- Affirmation Statement (page 10)

**YOUR COMPLETED TRAINING AND EXPERIENCE QUESTIONNAIRE MUST INCLUDE YOUR ORIGINAL SIGNATURE AND MUST BE RECEIVED OR POSTMARKED BY:**

**December 17, 2015**

**CANDIDATE INFORMATION**

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

Easy ID: \_\_\_\_\_

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:**

3401 SACRAMENTO, CA.

3801 SAN FRANCISCO, CA.

1940 LOS ANGELES, CA.

## 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, 13<sup>th</sup> Floor  
Sacramento, CA. 95814  
Attn: Nitika Nitashni

## MINIMUM QUALIFICATIONS

### Either I

**Experience:** One year of experience in the California state service performing the duties of a Senior Insurance Compliance Officer (Specialist), Department of Insurance.

### Or II

**Experience:** Two years of experience in the California state service performing the duties of an Associate Insurance Compliance Officer, Department of Insurance.

### Or III

**Experience:** Five years of progressively responsible qualifying insurance industry experience\* including two years in a supervisory capacity responsible for three or more claims adjusters or underwriters. (Experience in the California state service applied toward this requirement must be at the level of responsibility provided in the promotional pattern.) **and**

**Education:** Equivalent to graduation from college or equivalent degree approved by the Bureau for Private Postsecondary and Vocational Education under the provisions of California Education Code Division 10, Part 59, Chapter 3. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

\***Definition of Experience** – Experience at an insurance company working as either:

1. An underwriter determining acceptability, coverage, appropriate rating plans, and any judgment based rate deviations or factors; or
2. A claims adjuster investigating, evaluating, negotiating, and settling claims with respect to coverage, liability, and damages; or
3. A fire or casualty insurance agent or broker handling multiple lines of insurance coverage and making determinations regarding coverage needs, risk information, and renewal account servicing; or
4. An insurance consumer advocacy position working on consumer issues, complaints, legislation, or insurer compliance.

**KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT**

For items #1 – #14, 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. You are required to respond to every statement by making one option from the scale(s) provided.

**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 this KSA to perform this task, 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 insurance laws, regulations, and court decisions.	
2. Knowledge of the proper spelling, grammar, punctuation, and sentence structure to ensure that prepared and/or reviewed written materials are complete and free of errors.	
3. Knowledge of teaching techniques in order to effectively train employees.	
4. Knowledge of supervisory principles, practices, and techniques to plan, oversee, and direct the work activities of subordinate employees.	
5. Knowledge of conflict resolution techniques to address and deal with conflicts and issues that may arise.	
6. Knowledge of negotiation skills.	
7. Skill to utilize computer applications (e.g., Word or Excel) in order to prepare documents or reports.	
8. Skill to use electronic mail (e.g., e-mail) to compose, send, and receive correspondence.	
9. Skill to make an effective presentation in front of small and large groups.	
10. Skill to speak about and explain insurance issues at an appropriate level given the audience in question.	
11. Skill to identify the training needs of staff members related to the tasks of the job.	
12. Skill to motivate and guide staff toward goal accomplishment.	
13. Skill to appropriately delegate work assignments.	
14. Skill to adapt leadership, management style, and actions to a variety of situations.	

**KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT (CONTINUED)**

For items #15 – #28, 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. You are required to respond to every statement by making one option from the scale(s) provided.

**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 this KSA to perform this task, 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.

15. Skill to manage projects ensuring that end products or services are delivered on schedule.	
16. Skill to judge the relative and potential quality of work products, services, or people.	
17. Ability to communicate verbally in a clear and effective manner.	
18. Ability to communicate clearly in writing.	
19. Ability to analyze documents and reports for accuracy and compliance.	
20. Ability to proof-read and edit documents for proper spelling, grammar, punctuation, and sentence structure.	
21. Ability to develop employee training program.	
22. Ability to evaluate situations and determine when you need to step in to assist your staff in presenting information.	
23. Ability to negotiate and reconcile differences and disagreements.	
24. Ability to interpret laws and regulations.	
25. Ability to direct and control the work of multiple employees.	
26. Ability to counsel and mentor subordinate employees to improve performance, productivity, and expertise.	
27. Ability to analyze situations accurately and thoroughly in order to determine and implement effective, appropriate course of action.	
28. Ability to make decisions about policies and procedures.	

**KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT (CONTINUED)**

For items #29 – #36, 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. You are required to respond to every statement by making one option from the scale(s) provided.

**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 this KSA to perform this task, 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.

<p>For items #29 – #36, 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. You are required to respond to every statement by making one option from the scale(s) provided.</p> <p><b><u>Definition of Levels:</u></b></p> <ul style="list-style-type: none"> <li>4 = <b><u>Extensive Knowledge, Skill, or Ability:</u></b> I have applied this KSA in an actual setting while performing a job.</li> <li>3 = <b><u>Moderate Knowledge, Skill, or Ability:</u></b> I have this KSA to perform this task, but may require general supervision.</li> <li>2 = <b><u>Limited Knowledge, Skill, or Ability:</u></b> I have education or training relevant to this KSA, but have not applied it to an actual job.</li> <li>1 = <b><u>No Knowledge, Skill, or Ability:</u></b> I have no experience, education, or training relevant to this KSA.</li> </ul>	
29. Ability to set timelines to ensure completion of projects and assignments in a timely manner.	
30. Ability to communicate expectations to staff.	
31. Ability to deal with sensitive matters in a tactful and effective manner.	
32. Ability to be flexible in adapting to changes in priorities, work assignments, and other interruptions.	
33. Ability to act professionally with coworkers and members of the public.	
34. Ability to be sensitive to others' needs and feelings and to be understanding and helpful on the job.	
35. Ability to lead, take charge, be objective, and offer opinions to supervisors and direction to subordinates.	
36. Ability to accept criticism and deal calmly and effectively with high stress situations.	

## WORK EXPERIENCE – PART I

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 - #12, please indicate:

**Length of Experience:**

- 4 = Over 5 years of experience performing this task
- 3 = Over 2 years to 5 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 = 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. Assign or delegate work provided to individual employees as appropriate to their skills and expertise.			
2. Apply provisions of relevant insurance laws, legal opinions, court decisions, and organizational policies and procedures in order to provide correct verbal or written answers to inquiries on complex cases.			
3. Conduct Quality Control of paper files or electronic records in order to ensure quality, accuracy, and consistency of the work product.			
4. Evaluate periodic reports regarding production to determine if files are being processed promptly and according to organizational guidelines.			
5. Review and evaluate feedback on operations and take appropriate action.			
6. Inform staff of changes and updates in regards to Insurance laws, regulations or court decisions in order to maintain consistency.			
7. Provide training to individuals or groups.			
8. Provide expert input to others regarding technical insurance issues.			
9. Provide assistance to others by answering questions or resolving complex issues.			
10. Determine which files or issues should be referred to Legal or escalated for higher level review.			
11. Prepare and maintain documentation for potential employee disciplinary action.			
12. Coordinate with other groups within the organization in order to share information, maintain consistency, and open communication.			

**WORK EXPERIENCE – PART I (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 #13 - #15, please indicate:

**Length of Experience:**

- 4 = Over 5 years of experience performing this task
- 3 = Over 2 years to 5 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 = 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
13. Prepare and administer performance appraisals in order to ensure that employees are performing up to standard and assist them in meeting their professional growth goals.			
14. Maintain Procedures Manual and disseminate any updates in order to keep staff up-to-date of changes affecting the work unit.			
15. Communicate with unsatisfied parties in order to clarify the issues and work toward an amicable resolution.			

## WORK EXPERIENCE – PART II

Please attach a **typed or legible handwritten** response to each essay question. Your written responses will be scored using the following criteria:

- Effectively answers/responds to essay questions.
- Writes effectively in an understandable, clear, and concise manner.
- Is able to condense desired message into grammatically correct and succinct written passages.
- Makes smooth transitions between/among thoughts.
- Essay displays the sense of a beginning/introduction, middle, and conclusion.

The maximum number of pages you should complete for this written exercise is two (2) pages, one (1) page per question. **Responses that do not meet this criterion will not be rated and will result in disqualification from this exam.** You **must** write the question number you are responding to in the top left corner of each page. You may hand write this number, however, it must be clearly legible. You **must** write your full name on the top right corner of each page of your responses.

### Question 1

As a supervisor, your role will include addressing conflicts that arise between your employees. Describe past education and/or experience that you believe has prepared you to deal with conflicts. Please include specific examples.

### Question 2

Please describe a time when you received negative feedback from your supervisor. What was the issue and how did you handle the situation?

**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.

**QUESTIONNAIRE RETURN AND MAILING PROCEDURES**

This Training and Experience Questionnaire will account for 100% of the weight of your examination for this classification. **You may mail or deliver in person the completed Questionnaire to the following address:**

California Department of Insurance  
Human Resources Management Division  
300 Capitol Mall, 13<sup>th</sup> Floor  
Sacramento, CA. 95814  
Attn: Nitika Nitashni

**NOTE:**

- Candidates whose Training and Experience Questionnaire is postmarked, personally delivered, or received via interoffice mail after the due date will be eliminated from the examination.
- Electronic copies will not be accepted.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Training and Experience Questionnaire 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 ASSESSMENT**