

**DEPARTMENT OF TRANSPORTATION
OFFICE OF EXAMINATIONS
CALTRANS ELECTRICIAN I
SUPPLEMENTAL APPLICATION QUESTIONNAIRE**

The Department of Transportation (DOT) Caltrans Electrician I examination is being given on an Open, continuous 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 supplemental application questionnaire.

THIS AFFIRMATION MUST BE COMPLETED

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 I 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 **and** Standard State Application (STD. 678) 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 30th Street, 1st Floor
Sacramento, CA 95816
(916) 227- 1800**

Facsimile (FAX) or electronically mailed (e-mail) applications **will not** be accepted

Failure to submit your Supplemental Application Questionnaire **with your completed** Standard State Application (STD. 678) will result in **elimination** from the examination.

CALTRANS ELECTRICIAN I
Supplemental Application Questionnaire

Name: _____ Date: _____

PART I - EMPLOYMENT HISTORY

Instructions: Please describe your work experience relevant to the Examination. 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: _____

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PART II - WORK EXPERIENCE

CALTRANS ELECTRICIAN I is the first journey level for the Caltrans Electrician Classification series. In the field and on toll bridges, incumbents independently or with others install, repair and maintain a wide variety of electrical and electronic devices on facilities.

Instructions

Step 1: In the *Experience Code* column, use the codes from PART I, (EMPLOYMENT HISTORY), 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 4, in rows "1" through "19," list the amount of time in hours that your experience represents.

SAMPLE

		CODE	AMOUNT OF TIME IN HOURS
INSTRUCTIONS: In the <i>Experience Code</i> column, use the codes from <u>PART I</u> of this form to indicate where you performed the activity or task. You may list more than one code per item, if applicable. Place the amount of HOURS your experience represents.		Experience Code(s)	I possess blank amount of hours of experience.
1.	(Sample Item) Installation of electrical equipment	A & C	1000
2.	Wiring	C & D	1200

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Supplemental Application Questionnaire
PART II-WORK EXPERIENCE (CONTINUED)

	CODE	AMOUNT OF TIME IN HOURS
PRINT NAME _____ INSTRUCTIONS: In the <i>Experience Code</i> 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 the <u>total amount of HOURS</u> your experience represents.	Experience Code(s) (FROM PART I)	Amount of hours of experience.
1. Stock room and material handling		
2. Residential wiring installation		
3. Commercial wiring installation		
4. Industrial wiring installation		
5. Voice, data, and video installation		
6. Underground conduit installation		
7. General troubleshooting and maintenance		
8. Finish work and fixtures		
9. Fire/Life safety		
10. Nurse call systems		
11. Maintenance of lighting fixtures		
12. Installation of retrofit fixtures		
13. Traffic signal installation		
14. Traffic signal repair		
15. Highway/street lighting installation		
16. Highway/street lighting repair		
17. Lighting control center install/repair		
18. Motor controller center install/repair		
19. Programmable Logic Controller (PLC) install/repair		

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PART III – QUESTIONS

Question # 1

As an electrician, you are given an assignment to check a report of a dark street lighting circuit. The lighting circuit of 12 lights was out all night.

List the relevant functional areas that you would check that would help you diagnose and troubleshoot the problem.

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Supplemental Application Questionnaire

PART III – CONTINUED

Question # 2

List all possible items that would be included in a Daily Report/Daily Diary.

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Supplemental Application Questionnaire

PART III – CONTINUED

Question # 3

Please list common hand tools and/or test equipment that you would use in electrical repair and trouble shooting.

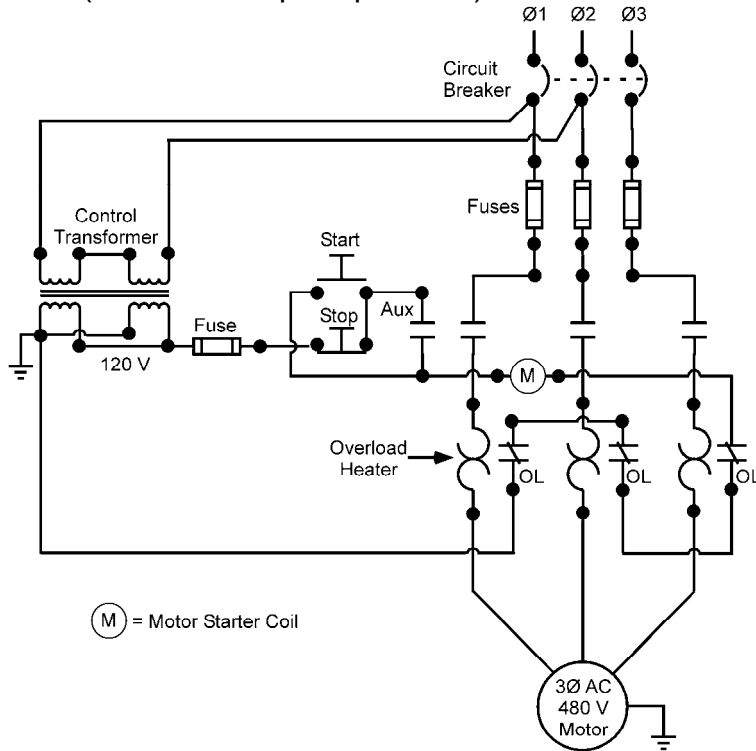
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Supplemental Application Questionnaire

PART III – CONTINUED

Question # 4

Based on the provided wiring diagram, list the components **and** draw a schematic diagram of a simple start/stop motor control circuit. (This is a two part question.)





STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION
CONDITIONS OF EMPLOYMENT

CTHQ-631 (1/93)

EXAMINATION TITLE(S) Exam Date

PRINT FIRST NAME, M.I., LAST NAME

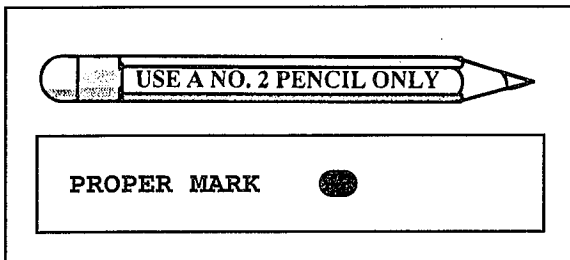
- -
SOCIAL SECURITY NUMBER

PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate processing of information which you are providing regarding your preference in working conditions. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual.

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. If, after you are contacted for a job, you are unwilling to accept work or do not reply promptly to the contact, you will be charged with a waiver and your name will be made inactive. Your name will remain inactive until you request it to be made active again. However, ON THE OPEN EMPLOYMENT LISTS, after three such waivers, your name cannot be made active.

Before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

INSTRUCTIONS FOR COMPLETING THIS FORM



DO NOT USE INK OR BALL POINT PEN

COMPLETELY FILL OVALS WITH DARK MARKS

ERASE CLEANLY AND MAKE NO STRAY MARKS

On the back of this form, you are to blacken the oval next to the location(s) where you are willing to work. You will not be offered a job in locations NOT marked.

STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION
CONDITIONS OF EMPLOYMENT

PROPER MARK



Mark your choices - Blacken the oval next to the District(s) where you wish to work. You will not be offered a job in locations NOT marked...

- | | |
|--|---|
| <input type="radio"/> 7001 District 01 - Eureka | <input type="radio"/> 7007 District 07 - Los Angeles |
| <input type="radio"/> 7002 District 02 - Redding | <input type="radio"/> 7008 District 08 - San Bernardino |
| <input type="radio"/> 7003 District 03 - Marysville | <input type="radio"/> 7009 District 09 - Bishop |
| <input type="radio"/> 7004 District 04 - Oakland | <input type="radio"/> 7010 District 10 - Stockton |
| <input type="radio"/> 7005 District 05 - San Luis Obispo | <input type="radio"/> 7011 District 11 - San Diego |
| <input type="radio"/> 7006 District 06 - Fresno | <input type="radio"/> 7012 District 12 - Santa Ana |

TYPE OF APPOINTMENT THAT YOU WILL ACCEPT - Please mark only one.

- A 11** Permanent or Temporary - full-time, part time, or intermittent
- C 55** Permanent or Temporary - full time only
- M44** Permanent or Temporary - part time or intermittent only
- D 58** Permanent only - full time only
- K 85** Temporary only - full time only
- R 41** Permanent - part time or intermittent OR Temporary - full time, part time, or intermittent

PLEASE NOTIFY THE DEPARTMENT OF TRANSPORTATION PROMPTLY OF ANY CHANGES IN YOUR ADDRESS OR AVAILABILITY FOR EMPLOYMENT.

COUNTIES BY DISTRICT ORDER

<u>District 1</u>		<u>District 5</u>		<u>District 11</u>	
08-Del Norte		27-Monterey		13-Imperial	
12-Humbolt		35-San Benito		37-San Diego	
17-Lake		40-San Luis Obispo			
23-Mendocino		42-Santa Barbara			
		44-Santa Cruz		<u>District 12</u>	
				30-Orange	
<u>District 2</u>					
18-Lassen		<u>District 6</u>			
25-Modoc		10-Fresno			
32-Plumas		15-Kern			
45-Shasta		16-Kings			
47-Siskiyou		20-Madera			
52-Tehama		54-Tulare			
53-Trinity					
		<u>District 7</u>			
<u>District 3</u>		19-Los Angeles			
04-Butte		56-Verntura			
06-Colusa					
09-El Dorado					
11-Glenn		<u>District 8</u>			
29-Nevada		33-Riverside			
31-Placer		36-San Bernardino			
34-Sacramento					
46-Sierra					
51-Sutter		<u>District 9</u>			
57-Yolo		14-Inyo			
58-Yuba		26-Mono			
		<u>District 10</u>			
<u>District 4</u>		02-Alpine			
01-Alameda		03-Amador			
07-Contra Costa		05-Calavares			
21-Marin		22-Mariposa			
28-Napa		24-Merced			
38-San Francisco		39-San Joaquin			
41-San Mateo		50-Stanislaus			
43-Santa Clara		55-Tuolumne			
48-Solano					
49-Sonoma					