

California Department of Corrections and Rehabilitation

*Office of Workforce Planning
P. O. Box 942883
Sacramento, CA 94283-0001*

**SUPPLEMENTAL APPLICATION
FOR
SPECIAL EDUCATION CLASSIFICATIONS**

Please check the classification(s) for which you are testing:

SCHOOL PSYCHOLOGIST

RESOURCE SPECIALIST, SPECIAL EDUCATION

LANGUAGE, SPEECH AND HEARING SPECIALIST

**THIS SUPPLEMENTAL APPLICATION REPRESENTS
THE ENTIRE EXAMINATION FOR THIS THE ABOVE LISTED CLASSIFICATIONS.**
From the information that you provide, your ranking on an eligibility list will be determined.
As vacancies occur, this list may be used to identify candidates for consideration.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

**Supplemental Application for
School Psychologist, Resource Specialist, Special Education and
Language, Speech and Hearing Specialist**

Name: _____ Social Security Number: _____
(please print)

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Instructions

The purpose of this Supplemental Application is to provide you an opportunity to explain significant aspects of your qualifications for any one of the three special education job classes with the California Department of Corrections and Rehabilitation.

PLEASE READ THE INFORMATION LISTED BELOW VERY CAREFULLY

This document constitutes the entire examination for this job class. From the information, which you provide, your ranking on an eligibility list will be determined. As vacancies occur, this list may be used to identify candidates for consideration.

The closer that your education and experience matches that of successful specialists with the California Department of Corrections and Rehabilitation, the higher your position will be on the list. This Supplemental Application will not be used to screen-out qualified applicants. The information, which you provide, will be verified prior to employment.

- √ Your responses to the questions in this application must be provided on this form.
- √ **Attach a copy of your credential(s)**
- √ Do not attach a resume or other materials. Additional materials **will not** be evaluated.
- √ Do not refer to any other document or source. Answer **ALL** questions as requested.
- √ The information which you provide should be typed or written legibly.
- √ By completing all parts of the application thoroughly, you will be assured of a fair rating of your qualifications.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (916) 322-2545

This Supplemental Application is a **MANDATORY** part of the examination process. Failure to return the completed application will eliminate you from this exam. *When completed, be sure to keep a photocopy of this application for your records.*

I Hereby Certify that all statements made in this Supplemental Application are true and complete. I also understand that if I do not have legal minimum qualifications for this class, I will be removed from the examination when this fact is determined.

Signature

Date

» _____ » _____

◆PART 1 - CREDENTIALS, LICENSES AND CERTIFICATIONS

◆ CALIFORNIA CREDENTIALS - List all your California credentials. For each credential, specify credential type (preliminary, emergency, or clear), expiration date and authorizations.

Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Emergency

Expiration date: _____

Authorizations: _____

=====
Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Emergency

Expiration date: _____

Authorizations: _____

=====
Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Emergency

Expiration date: _____

Authorizations: _____

=====
Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Emergency

Expiration date: _____

Authorizations: _____

◆ PROFESSIONAL LICENSES

List all professional licenses which you currently hold (e.g., Speech Pathologist, Psychologist, LCSW, etc.). For each license, specify the licensing agency, license number and expiration date.

License: _____

Number: _____

Issuing agency: _____ Expiration date: _____

**◆PART 1 - CREDENTIALS, LICENSES AND CERTIFICATIONS
(CONT.)**

License: _____

Number: _____

Issuing agency: _____ Expiration date: _____

◆PROFESSIONAL CERTIFICATIONS

Describe any professional certifications which you currently hold (e.g., Behavior Management Certification, Bilingual Certification, ASL, ATR, NCSP, etc.). List the professional organization/agency providing the certification and the nature of the certification.

Certification:

Issuing organization/agency:

Nature of the certification:

Certification:

Issuing organization/agency:

Nature of the certification:

◆PART 2 - EDUCATION

◆DEGREES EARNED

Circle all degrees which you currently hold.

B.A. B.S. M.A. M.S. M.Ed. M.S.W. Ed.D. Ph.D. Psy.D.

Other: _____

◆UNDERGRADUATE EDUCATION

List the college or university at which you completed your Bachelor's degree. Include degrees from accredited colleges or universities only. Specify the name and location of the college or university, the major field of study, semester or quarter units completed, degree received and date of degree.

College or University:

Major Field of Study:

Semester units completed: _____ or

Quarter units completed: _____

◆PART 2 – EDUCATION (CONTINUED)

For Rater's Use Only

Degree received: _____

Date of degree: _____

College or University:

Major Field of Study:

Semester units completed: _____ or

Quarter units completed: _____

Degree received: _____

Date of degree: _____

◆POST GRADUATE EDUCATION

List all post graduate degrees earned. Include degrees from accredited colleges or universities only. Specify the name and location of the college or university, the major field of study, field of study, semester or quarter units completed, degree received and date of degree.

College or University:

Major Field of Study:

Semester units completed: _____ or

Quarter units completed: _____

Degree received: _____

Date of degree: _____

College or University:

Major Field of Study:

Semester units completed: _____ or

Quarter units completed: _____

Degree received: _____

Date of degree: _____

◆PROFESSIONAL/SPECIALIST EDUCATION

Was the education program in which you completed in your specialty described above under Post Graduate Education? Yes No

If no, where did you obtain your specialist education?

◆ PART 2 – EDUCATION (CONTINUED)

For Rater's Use Only

College or University:

Major Field of Study:

Semester units completed: _____ or

Quarter units completed: _____

Degree received: _____

Date of degree: _____

◆ FIELD TRAINING: PROFESSIONAL INTERNSHIPS, REQUIRED PROFESSIONAL EXPERIENCE and/or CLINICAL FELLOWSHIP

Describe your specialist or service program field training, including all internship experience, required professional experience (RPE) and/or clinical fellowship year (CFY) experience. Describe each unique experience.

(1.) Employer/Agency:

Location:

Position/Classification:

Supervisor:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Total hours completed: _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

◆PART 2 – EDUCATION (CONTINUED)

For Rater's Use Only

(2.) Employer/Agency:

Location:

Position/Classification:

Supervisor:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Total hours completed: _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

(3.) Employer/Agency:

Location:

Position/Classification:

Supervisor:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Total hours completed: _____

◆PART 2 – EDUCATION (CONTINUED)

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

◆PART 3 - PROFESSIONAL EDUCATION EXPERIENCE

List all of your professional education experience (teaching; speech, hearing and language specialist; school psychologist; etc.). Begin with your most recent experience and work backwards. Include all information requested for each position.

(1.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

◆PART 3 - PROFESSIONAL EDUCATION EXPERIENCE (CONT.)

For Rater's Use Only

(2.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

(3.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

◆PART 3 - PROFESSIONAL EDUCATION EXPERIENCE (CONT.)

For Rater's Use Only

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

(4.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____ / ____ / ____ to ____ / ____ / ____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

◆PART 3 - PROFESSIONAL EDUCATION EXPERIENCE (CONT.)

For Rater's Use Only

(5.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____ / ____ / ____ to ____ / ____ / ____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

(6.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____ / ____ / ____ to ____ / ____ / ____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

◆PART 3 - PROFESSIONAL EDUCATION EXPERIENCE (CONT.)

For Rater's Use Only

◆PART 4 - OTHER RELATED SKILLS AND EXPERIENCE

◆LANGUAGE/SPECIAL SKILLS

In the space below, describe any special skills you have, including fluency with second languages or skills in working with special groups or populations.

◆EXPERIENCE/VOLUNTEER WORK

Describe other job(s) you have held which are relating to the jobs you are applying for:

◆EXPERIENCE/VOLUNTEER WORK (CONTINUED)

For Rater's Use Only

(1.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From _____ / _____ / _____ to _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr..

Full-time Part-time Hours worked per week _____

Grade level and subjects taught:

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

This completes the Supplemental Application for the Special Education classifications. Please retain a copy of this completed Supplemental Application for your records.

NAME _____

**STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
631 - CONDITIONS OF EMPLOYMENT
(4/14)**

LOCATION(S) IN WHICH YOU ARE WILLING TO WORK

**PLEASE CHECK YOUR CHOICE(S)
YOU WILL NOT BE OFFERED A JOB IN LOCATION(S) NOT CHECKED**

(3916) **SAN JOAQUIN COUNTY AREA FACILITIES**
- N.A. Chaderjian Youth Correctional Facility, Stockton
- O.H. Close Youth Correctional Facility, Stockton

(5610) **VENTURA COUNTY**
- Ventura Youth Correctional Facility, Camarillo

TYPE OF APPOINTMENT YOU WILL ACCEPT

**CHECK YOUR CHOICE(S)
YOU WILL NOT BE OFFERED A JOB FOR A TYPE OF APPOINTMENT NOT CHECKED**

Permanent, Full-Time

Limited Term, Full-Time

Permanent, Intermittent*

Limited Term, Intermittent*

*Persons who are hired on an intermittent basis will be scheduled for work in an as needed basis and may have the opportunity to work up to 1,500 hours. Acceptance of an intermittent appointment will maintain full-time eligibility for the period of time this list is in existence.

Voluntary Survey

****This questionnaire is not part of the examination, but is for the hiring authority's information.****

How did you hear about this examination?

(Please check the box that best describes how you found out about this examination.)

- Professional Journal
- Professional Colleague
- Newspaper/Magazine Advertisement
- Internet
- California Department of Corrections and Rehabilitation employee
- Recruitment Mailing
- College/School
- Job Fair/Career Fair
- Other