



**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF WORKFORCE PLANNING  
QUALIFICATIONS ASSESSMENT**

**EQUIPMENT MAINTENANCE SUPERVISOR, CORRECTIONAL FACILITY (CF)**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the **Equipment Maintenance Supervisor, CF** classification with the California Department of Corrections and Rehabilitation (CDCR). 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 on an eligible list for the classification listed above. The list will be used to fill positions statewide. A "Conditions of Employment" form is included in this examination which will allow you to select the time bases you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions and read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions will be eliminated from this examination.**

**THIS AFFIRMATION MUST BE COMPLETED.**

I hereby certify that the information provided on this Qualifications Assessment Questionnaire is true and correct to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resulting from this examination, have adverse action taken against me which could result in loss of state employment, and/or suffer loss of right to compete in any future state examinations.

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

YOUR COMPLETED QUALIFICATIONS ASSESSMENT AND EXAMINATION APPLICATION (STD. 678) MUST INCLUDE YOUR ORIGINAL SIGNATURE. COMPLETED QUALIFICATIONS ASSESSMENTS AND EXAMINATION APPLICATIONS MUST BE MAILED OR DELIVERED TO THE FOLLOWING LOCATION:

**Mail to:**

Department of Corrections and Rehabilitation  
Office of Workforce Planning  
P.O. Box 942883  
Sacramento, CA 94283-0001

**or Deliver in Person to:**

Department of Corrections and Rehabilitation  
1515 S Street  
Sacramento, CA 95811-7243  
Attn: Office of Workforce Planning, Room 101N  
(916) 322-2545

**NOTE:**

- Candidates whose Qualifications Assessment and Examination Application are postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- 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 Qualifications Assessment for your records.

## GENERAL INSTRUCTIONS

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

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 the Equipment Maintenance Supervisor, CF classification. You must ensure that you have reviewed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions / Prior State Employment (page 2)
- Conditions of Employment (pages 3 - 4)
- Rating Instructions (page 5)
- Knowledge & Work Experience – Equipment Maintenance Supervisor, CF (pages 6 -13)
- Recruitment Questionnaire/Mailing Instructions (page 14)

### **YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the eligible list / certification list
- Loss of State employment
- Loss of rights to compete in any future state examinations

## 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 skip this question.**

Do you have written permission from the Department of Human Resources (CalHR) to take this examination?

<input type="checkbox"/>	<b>YES</b>
--------------------------	------------

<input type="checkbox"/>	<b>NO</b>
--------------------------	-----------

**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.**

**CONDITIONS OF EMPLOYMENT FORM FOR  
EQUIPMENT MAINTENANCE SUPERVISOR, CF**

**PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.**

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies Statewide 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 YOU ARE WILLING TO WORK**

<input type="checkbox"/> 0005	<b>ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.</b>
-------------------------------	--

**NOTE:** California State Prison has been abbreviated as "CSP." Youth Correctional Facility has been abbreviated as "YCF." Youth Correctional Center has been abbreviated as "YCC."

**NORTHERN REGION**

<input type="checkbox"/> 0100 <b>Alameda County</b>	<input type="checkbox"/> 0200 <b>Alpine County</b>	<input type="checkbox"/> 0300 <b>Amador County</b> • Pine Grove Youth Conservation Camp
<input type="checkbox"/> 0400 <b>Butte County</b>	<input type="checkbox"/> 0500 <b>Calaveras County</b>	<input type="checkbox"/> 0600 <b>Colusa County</b>
<input type="checkbox"/> 0700 <b>Contra Costa County</b>	<input type="checkbox"/> 0800 <b>Del Norte County</b> • Pelican Bay State Prison	<input type="checkbox"/> 0900 <b>El Dorado County</b>
<input type="checkbox"/> 1100 <b>Glenn County</b>	<input type="checkbox"/> 1200 <b>Humboldt County</b>	<input type="checkbox"/> 1700 <b>Lake County</b>
<input type="checkbox"/> 1800 <b>Lassen County</b> • California Correctional Center • High Desert State Prison	<input type="checkbox"/> 2100 <b>Marin County</b> • CSP, San Quentin	<input type="checkbox"/> 2300 <b>Mendocino County</b>
<input type="checkbox"/> 2500 <b>Modoc County</b>	<input type="checkbox"/> 2800 <b>Napa County</b>	<input type="checkbox"/> 2900 <b>Nevada County</b>
<input type="checkbox"/> 3100 <b>Placer County</b>	<input type="checkbox"/> 3200 <b>Plumas County</b>	<input type="checkbox"/> 3400 <b>Sacramento County</b> • CSP, Sacramento • Folsom Women's Facility • Richard A. McGee Correctional Training Center
<input type="checkbox"/> 3800 <b>San Francisco County</b>	<input type="checkbox"/> 3900 <b>San Joaquin County</b> • California Health Care Facility • O.H. Close YCF • N.A. Chaderjian YCF • Northern California YCC	<input type="checkbox"/> 4100 <b>San Mateo County</b>
<input type="checkbox"/> 4500 <b>Shasta County</b>	<input type="checkbox"/> 4600 <b>Sierra County</b>	<input type="checkbox"/> 4700 <b>Siskiyou County</b>
<input type="checkbox"/> 4800 <b>Solano County</b> • California Medical Facility • CSP, Solano	<input type="checkbox"/> 4900 <b>Sonoma County</b>	<input type="checkbox"/> 5100 <b>Sutter County</b>
<input type="checkbox"/> 5200 <b>Tehama County</b>	<input type="checkbox"/> 5300 <b>Trinity County</b>	<input type="checkbox"/> 5500 <b>Tuolumne County</b> • Sierra Conservation Center
<input type="checkbox"/> 5700 <b>Yolo County</b>	<input type="checkbox"/> 5800 <b>Yuba County</b>	

**CENTRAL REGION**

<input type="checkbox"/> 1000	<b>Fresno County</b> • Pleasant Valley State Prison	<input type="checkbox"/> 1400	<b>Inyo County</b>	<input type="checkbox"/> 1500	<b>Kern County</b> • California City Correctional Facility • California Correctional Institution • Kern Valley State Prison • North Kern State Prison • Wasco State Prison
<input type="checkbox"/> 1600	<b>Kings County</b> • Avenal State Prison • CSP, Corcoran • CA Substance Abuse Treatment Facility	<input type="checkbox"/> 2000	<b>Madera County</b> • Central California Women's Facility • Valley State Prison	<input type="checkbox"/> 2200	<b>Mariposa County</b>
<input type="checkbox"/> 2400	<b>Merced County</b>	<input type="checkbox"/> 2600	<b>Mono County</b>	<input type="checkbox"/> 2700	<b>Monterey County</b> • Correctional Training Facility • Salinas Valley State Prison
<input type="checkbox"/> 3500	<b>San Benito County</b>	<input type="checkbox"/> 4000	<b>San Luis Obispo County</b> • California Men's Colony	<input type="checkbox"/> 4300	<b>Santa Clara County</b>
<input type="checkbox"/> 4400	<b>Santa Cruz County</b>	<input type="checkbox"/> 5000	<b>Stanislaus County</b>	<input type="checkbox"/> 5400	<b>Tulare County</b>

**SOUTHERN REGION**

<input type="checkbox"/> 1300	<b>Imperial County</b> • Calipatria State Prison • Centinela State Prison	<input type="checkbox"/> 1900	<b>Los Angeles County</b> • CSP, Los Angeles County	<input type="checkbox"/> 3000	<b>Orange County</b>
<input type="checkbox"/> 3300	<b>Riverside County</b> • California Rehabilitation Center • Chuckawalla Valley State Prison • Ironwood State Prison	<input type="checkbox"/> 3600	<b>San Bernardino County</b> • California Institution for Men • California Institution for Women	<input type="checkbox"/> 3700	<b>San Diego County</b> • RJ Donovan Correctional Facility
<input type="checkbox"/> 4200	<b>Santa Barbara County</b>	<input type="checkbox"/> 5600	<b>Ventura County</b> • Ventura YCF		

**ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES**

After list release, successful candidates may promptly update any address and/or availability for employment preference information by accessing their CalCareer account on the California Department of Human Resources (CalHR) website at [www.jobs.ca.gov](http://www.jobs.ca.gov) or notifying CDCR at the following address:

California Department of Corrections and Rehabilitation  
Division of Human Resources  
Office of Workforce Planning  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Certification Unit

## INSTRUCTIONS:

Using the rating scale(s) below, rate your knowledge and experience performing specific job-related actions.

Respond to each of the following statements (1 - 24) by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the 2 scales provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

### **SCALE #1 - KNOWLEDGE RELATED TO PERFORMING THIS ACTION:**

#### **Extensive Knowledge**

I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations **and** I have instructed others on specific aspects of this knowledge.

#### **Moderate Knowledge**

I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered.

#### **Basic Knowledge**

I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations.

#### **Limited Knowledge**

I have some knowledge of how to perform this task, but I may require additional instruction to apply my knowledge effectively.

#### **No Knowledge**

I have no knowledge of how to perform this task or what it may entail.

### **SCALE #2 - EXPERIENCE RELATED TO PERFORMING THIS ACTION:**

#### **Extensive Experience**

I have more than 7 years of experience in regularly performing this action **and** I have instructed others on this specific action.

#### **Moderate Experience**

I have more than 6 years, but less than 7 years of experience in this action **and** I can perform it independently.

#### **Basic Experience**

I have more than 5 years, but less than 6 years of experience in this action **and** I have performed it regularly with minimal or no assistance.

#### **Limited Experience**

I have less than 5 years of experience in performing this action **and** I may require assistance for successful performance.

#### **No Experience**

I have never performed this action.

1. Inspect motor vehicles and mobile heavy equipment (e.g., passenger buses, tractors) to determine condition, safety, repairs and/or replacement.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

2. Determine appropriate service, repairs and/or replacement of motor vehicles/mobile heavy equipment.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

3. Adhere to manufacturer's specifications verifying motor vehicles/mobile heavy equipment meet standard recommendations.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

4. Review retention schedule (e.g., invoices, accident reports) to comply with periodic storage requirements.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

5. Assess motor vehicles/mobile heavy equipment value to endorse repair cost versus replacement.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

6. Determine when to send a vehicle (e.g., bus, van, truck, etc.) to the approved vendor for the prescribed service/repair.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

7. Prepare purchase orders/estimates for motor vehicles/mobile heavy equipment to facilitate the ordering process.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

8. Maintain the motor vehicles/mobile heavy equipment repair tracking system to facilitate the billing process.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

9. Write justifications for motor vehicles/mobile heavy equipment to confirm the appropriate use.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience



10. Review motor vehicles/mobile heavy equipment modification requests to determine approval/denial.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

11. Submit quotes (e.g., drawings, pictures) for approval/denial.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

12. Inspect American Disability Act (ADA) equipment (e.g., wheelchair, lift, assemblies, etc.) to certify safety, reliability and compliance.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

13. Confirm motor vehicles/mobile heavy equipment has been repaired by approved vendor.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

14. Confirm repair estimates from vendors are necessary.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

15. Provide training to staff to be in compliance with safety standards.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

16. Direct the work of staff to meet job performance expectations.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

17. Review travel documentation (e.g., mileage logs, pre and post trip inspections) of staff to verify completion, timeliness and compliance.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

18. Report possible misuse of motor vehicles/mobile heavy equipment to management.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

19. Report fraudulent repairs of motor vehicles/mobile heavy equipment to management.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

20. Supervise the conduct of staff to prevent damage to worksite property that may result in injury or death.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

21. Direct staff to enforce the conduct of inmate workers to prevent escapes, damage to property, or physical assaults.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

22. Create a safe work environment by training and monitoring staff in the prevention of accidents and injuries in the garage area (e.g. wet floor signs, verbal warnings, use of Personal Protective Equipment [PPE], etc.).

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

23. Control tools, supplies and equipment to maintain security procedures (e.g., color coded, engraved, shadow board and chit system).

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

24. Enforce security of working areas, office machines and supplies to control access.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

## RECRUITMENT QUESTIONNAIRE

**These questions are not part of the examination. Responses are voluntary and will be used for recruitment statistics.**

### ***HOW DID YOU HEAR ABOUT THIS EXAMINATION?***

Check the appropriate box below.

- Newspaper/Magazine Advertisement
- Internet (Social Media)
- California Department of Corrections and Rehabilitation employee
- Recruitment Mailing
- College/School
- Job Fair/Career Fair
- Other: \_\_\_\_\_

## **THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR EQUIPMENT MAINTENANCE SUPERVISOR, CF**

**These are the same instructions and addresses as listed on the first page.**

**YOUR COMPLETED QUALIFICATIONS ASSESSMENT AND EXAMINATION APPLICATION (STD. 678) MUST INCLUDE YOUR ORIGINAL SIGNATURE. COMPLETED QUALIFICATIONS ASSESSMENTS AND EXAMINATION APPLICATIONS MUST BE MAILED OR DELIVERED TO THE FOLLOWING LOCATION:**

**Mail to:**

Department of Corrections and Rehabilitation  
Office of Workforce Planning  
P.O. Box 942883  
Sacramento, CA 94283-0001

**or Deliver in Person to:**

Department of Corrections and Rehabilitation  
1515 S Street  
Sacramento, CA 95811-7243  
Attn: Office of Workforce Planning, Room 101N  
(916) 322-2545

- Candidates whose Qualifications Assessment and Examination Application are postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- 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 Qualifications Assessment for your records.