



EQUIPMENT MAINTENANCE SUPERVISOR, CORRECTIONAL FACILITY (CF) Qualifications Assessment

Department of Corrections and Rehabilitation

Departmental Open Examination
Final Filing Date: Continuous

EXAMINATION INFORMATION

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 with CDCR. A "Conditions of Employment" section is included in this examination which will allow you to select the time bases and location(s) you are interested in working. Please print out, **personally complete**, and sign this examination form.

Read the instructions below carefully before completing the assessment. Failure to do so may result in an inability to process your assessment and disqualification from this examination.

AFFIRMATION STATEMENT

I hereby certify that the information provided on this Qualifications Assessment 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: _____

FILING INSTRUCTIONS

All applicants must complete and submit the following examination materials:

- [Examination Application \(STD. 678\)](#)
- Qualifications Assessment

By mail to:

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

Or in person at:

**Department of Corrections and Rehabilitation
1515 S Street
Sacramento, CA 95811-7243
Attn: Office of Workforce Planning, 211S**

If you are personally delivering your application and Qualifications Assessment, you must do so between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding holidays, on or before the cut-off date to the street address listed above.

NOTE:

- All examination materials must have original signatures.
- Be sure your envelope has adequate postage if submitting via mail.
- Faxed or emailed copies will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

GENERAL INSTRUCTIONS

This Qualifications Assessment is the sole component of the examination. To obtain a position on the eligible list, a minimum score of 70% must be achieved. Therefore, please be sure to review and follow all instructions carefully as missing or incomplete information may result in disqualification or a lower score.

This examination is comprised of the following areas:

- Affirmation Statement (page 1)
- Filing Instructions / General Instructions (page 2)
- Prior State Employment / Conditions of Employment (pages 3 - 4)
- Rating Instructions (page 5)
- Knowledge & Experience Assessment (pages 6 - 10)
- Recruitment Questionnaire (page 11)

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 California Department of Human Resources (CalHR) to take this examination?

YES

NO

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

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(S) YOU ARE WILLING TO WORK

5 ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary

NORTHERN REGION

- | | | |
|--|--|---|
| <input type="checkbox"/> 0100 – Alameda County | <input type="checkbox"/> 2100 – Marin County <ul style="list-style-type: none">• CSP, San Quentin | <input type="checkbox"/> 4100 – San Mateo County |
| <input type="checkbox"/> 0200 – Alpine County | <input type="checkbox"/> 2300 – Mendocino County | <input type="checkbox"/> 4500 – Shasta County |
| <input type="checkbox"/> 0300 – Amador County <ul style="list-style-type: none">• Mule Creek State Prison• Pine Grove Youth Conservation Camp | <input type="checkbox"/> 2500 – Modoc County | <input type="checkbox"/> 4600 – Sierra County |
| <input type="checkbox"/> 0400 – Butte County | <input type="checkbox"/> 2800 – Napa County | <input type="checkbox"/> 4700 – Siskiyou County |
| <input type="checkbox"/> 0500 – Calaveras County | <input type="checkbox"/> 2900 – Nevada County | <input type="checkbox"/> 4800 – Solano County <ul style="list-style-type: none">• California Medical Facility• CSP, Solano |
| <input type="checkbox"/> 0600 – Colusa County | <input type="checkbox"/> 3100 – Placer County | <input type="checkbox"/> 4900 – Sonoma County |
| <input type="checkbox"/> 0700 – Contra Costa County | <input type="checkbox"/> 3200 – Plumas County | <input type="checkbox"/> 5100 – Sutter County |
| <input type="checkbox"/> 0800 – Del Norte County <ul style="list-style-type: none">• Pelican Bay State Prison | <input type="checkbox"/> 3400 – Sacramento County <ul style="list-style-type: none">• CSP, Sacramento• Folsom State Prison• Richard A. McGee Correctional Training Center | <input type="checkbox"/> 5200 – Tehama County |
| <input type="checkbox"/> 0900 – El Dorado County | <input type="checkbox"/> 3800 – San Francisco County | <input type="checkbox"/> 5300 – Trinity County |
| <input type="checkbox"/> 1100 – Glenn County | <input type="checkbox"/> 3900 – San Joaquin County <ul style="list-style-type: none">• Deuel Vocational Institute• California Health Care Facility• O.H. Close YCF• N.A. Chaderjian YCF• Northern California YCC | <input type="checkbox"/> 5500 – Tuolumne County <ul style="list-style-type: none">• Sierra Conservation Center |
| <input type="checkbox"/> 1200 – Humboldt County | | <input type="checkbox"/> 5700 – Yolo County |
| <input type="checkbox"/> 1700 – Lake County | | <input type="checkbox"/> 5800 – Yuba County |
| <input type="checkbox"/> 1800 – Lassen County <ul style="list-style-type: none">• California Correctional Center• High Desert State Prison | | |

CENTRAL REGION

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

SOUTHERN REGION

- 1300 – **Imperial County**
 - Calipatria State Prison
 - CSP, Centinela
- 1900 – **Los Angeles County**
 - CSP, Los Angeles County
- 3000 – **Orange County**
- 3300 – **Riverside County**
 - California Rehabilitation Center
 - Chuckawalla Valley State Prison
 - Ironwood State Prison
- 3600 – **San Bernardino County**
 - California Institution for Men
 - California Institution for Women
- 3700 – **San Diego County**
 - RJ Donovan Correctional Facility
- 4200 – **Santa Barbara County**
- 5600 – **Ventura County**
 - Ventura YCF

ADDRESS OR EMPLOYMENT CHANGES

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

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

RATING INSTRUCTIONS

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

Respond to each statement, beginning on the following page, by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the two scales provided. Responses may not be changed or added once submitted to the Office of Workforce Planning. Missing responses will result in a lower score.

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 performing this action **and** I can perform it independently.

Basic Experience

I have more than 5 years, but less than 6 years of experience performing 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

THIS CONCLUDES THE EXAMINATION

REVISION DATE: 5/4/2021 - AL

RECRUITMENT QUESTIONNAIRE

Applicants are asked to voluntarily provide the information below. The following data will be used for statistical data gathering and reporting purposes. This questionnaire will be separated from the examination and this information will not be used in any employment decisions.

GENDER

- Male
- Female
- Non-binary

RACE AND ETHNICITY

Check one box that best describes your race or ethnicity.

- | | ASIAN | PACIFIC ISLANDER |
|---|---|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiple Asian** | <input type="checkbox"/> Multiple Pacific Islander*** |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Indian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Hispanic or Latino (alone or in combination with any other race) | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Multiple Races* | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Japanese | |
| | <input type="checkbox"/> Korean | |
| | <input type="checkbox"/> Laotian | |
| | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other Asian | |

*If you identify with more than one race that is Non-Hispanic or Latino, select Multiple Races.

**If you identify with more than one Asian ethnicity, select Multiple Asian.

***If you identify with more than one Pacific Islander ethnicity, select Multiple Pacific Islander.

AUTHORITIES

Government Code sections 8310.5, 19705, 19790, 19792(h) and California Code of Regulations, Title 2, sections 599.980, 11013(b) authorize the State of California to collect demographic information on job applicants and exam participants for analysis and statistical purposes.

CONTINUE TO NEXT PAGE TO COMPLETE RECRUITMENT QUESTIONNAIRE

RECRUITMENT QUESTIONNAIRE

On behalf of the California Department of Corrections and Rehabilitation, we thank you for participating in this examination. To assist us in our recruitment efforts, please tell us how you heard about this examination.

Please check the appropriate box and, where relevant, specify your answer:

- Internet (www.cdcr.ca.gov, www.jobs.ca.gov)
- Job Fair
- Friend/Family Member
- Staffing Agency (Spearhead, Manpower)
- Career Assistance Centers (e.g., Employment Development Department Career Network, Workforce Center)
- State Agency (please specify): _____
- Military Base (please specify): _____
- Local Union (please specify): _____
- Other (please specify): _____

California Department of Corrections and Rehabilitation

- Flyer
- Banner
- Employee
- Exam Bulletin E-Blast
- Institution Bulletin Board

Social Media

- Facebook
- Indeed
- Monster

Educational Facility

- College
- Trade School
- School Association
- Specialized Training/Certification Program (e.g., Job Corps, Skill Centers, Regional Occupational Programs)
- Local Apprenticeship Program

Public Advertisements

- Bus
- Truck
- Billboard
- Mobile Ad

Out of State Resource

- Arizona
- Oregon
- Nevada