

**DEPARTMENT OF TRANSPORTATION
OFFICE OF EXAMINATIONS
CALTRANS ELECTRONICS SPECIALIST (REPAIR LABORATORY) 6TRBP
TRAINING AND EXPERIENCE EVALUATION**

The **CALTRANS ELECTRONICS SPECIALIST (REPAIR LABORATORY)** examination is being given on a continuous open-non promotional basis. This examination will consist solely of this self-assessment Training and Experience Evaluation.

This questionnaire is the only phase of the examination 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. 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 Training and Experience Evaluation.

(NOTE: Failure to meet the entrance requirements and/or to complete this evaluation 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 TRAINING AND EXPERIENCE EVALUATION FOR YOUR RECORDS. The Department of Transportation will NOT provide you a copy of your Training and Experience Evaluation.

THIS AFFIRMATION MUST BE COMPLETED

I hereby certify and understand that the information provided by me (without assistance from others) on this Training and Experience Evaluation 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 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: Caltrans Electronics Specialist (Repair Laboratory)

The completed Training and Experience Evaluation 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- 7858**

Facsimile (FAX) or electronically mailed (e-mailed) Training and Experience Evaluation **will not** be accepted

Failure to submit your Training and Experience Evaluation will result in elimination from the examination process.



STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION



CONDITIONS OF EMPLOYMENT

Division of Human Resources – Exam and Recruitment Services
PM-EX-0631 (Rev. 01/2015)

EXAMINATION TITLE

CALTRANS ELECTRONICS SPECIALIST (REPAIR LABORATORY)

EXAMINATION CODE

6TRBP

DATE

CANDIDATE NAME – (PLEASE PRINT – (Last Name, First Name, Middle Initial))

PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1978, 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 for the location you select and referred to fill vacancies according to the conditions you specify on this form.

PLEASE CHECK THE BOXES NEXT TO THE DISTRICT(S) WHERE YOU WISH TO WORK.

- DISTRICT 4 – OAKLAND**
- DISTRICT 7 – LOS ANGELES**

PLEASE CHECK ONE BOX ONLY NEXT TO THE TYPE OF APPOINTMENT YOU WILL ACCEPT.

- A11 PERMANENT OR TEMPORARY – FULL TIME, PART TIME, OR INTERMITTENT**
- C55 PERMANENT OR TEMPORARY – FULL TIME ONLY**
- M44 PERMANENT OR TEMPORARY – PART TIME OR INTERMITTENT ONLY**
- D58 PERMANENT ONLY – FULL TIME ONLY**
- K85 TEMPORARY ONLY – FULL TIME ONLY**
- R41 PERMANENT – PART TIME OR INTERMITTENT OR TEMPORARY – FULL TIME, PART TIME, OR INTERMITTENT**

Privacy Statement

Please notify the Caltrans promptly of any changes in your address or availability for employment.

**CALTRANS ELECTRONICS SPECIALIST (REPAIR LABORATORY)
Training and Experience Evaluation**

Name: _____

Date: _____

PART I - EMPLOYMENT HISTORY

Instructions: Please describe your work experience as it relates to the **Caltrans Electronics Specialist (Repair Laboratory)** position. 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

Company / State Agency: _____ Job Title: _____

Employer Location: City: _____ State: _____

Dates of Employment: From: _____ To: _____

Supervisor: _____ Telephone Number: _____

EXPERIENCE CODE B

Company / State Agency: _____ Job Title: _____

Employer Location: City: _____ State: _____

Dates of Employment: From: _____ To: _____

Supervisor: _____ Telephone Number: _____

EXPERIENCE CODE C

Company / State Agency: _____ Job Title: _____

Employer Location: City: _____ State: _____

Dates of Employment: From: _____ To: _____

Supervisor: _____ Telephone Number: _____

EXPERIENCE CODE D

Company / State Agency: _____ Job Title: _____

Employer Location: City: _____ State: _____

Dates of Employment: From: _____ To: _____

Supervisor: _____ Telephone Number: _____

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PART II - WORK EXPERIENCE

INSTRUCTIONS

Step 1: In the *Experience Code* column, use the codes from PART I 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 pages 5, 6, and 7, place an "X" in the column that most accurately represents the Experience you have AND the Amount of Time your experience represents.

SAMPLE

		CODE	EXPERIENCE				AMOUNT OF TIME			
		Experience Code(s)	I have had no training or experience with this task.	I have had training on this task, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently	I possess less than four (4) years of experience.	I possess four (4) to five (5) years of experience.	I possess five (5) to six (6) years of experience.	I possess more than six (6) years of experience.
1.	(Sample Item) Performing the repair of complex electronic devices	A & C				X		X		

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PART II-WORK EXPERIENCE

PRINT NAME _____

INSTRUCTIONS: In the *Experience Code* 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 an "X" in the column that most accurately represents the Experience you have **AND** the Amount of Time your experience represents.

SECTION 1: Electronic Repair

		CODE	EXPERIENCE				AMOUNT OF TIME			
		Experience Code(s) (FROM PART I)	I have had no training or experience with this task.	I have had training on this task, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently.	I possess less than four (4) years of experience.	I possess four (4) to five (5) years of experience.	I possess five (5) to six (6) years of experience.	I possess more than six (6) years of experience.
1.	Performing the repair of complex electronic devices <i>Complex electronically devices may include: computer systems, analog systems, auxiliary telephone systems, etc.</i>									
2.	Performing circuit board and component level repairs									
3.	Troubleshooting complex systems for repair needs <i>Complex systems may include: security cameras, computer systems, control circuits, etc.</i>									
4.	Repairing wiring of electronic materials by means of fabrication									
5.	Utilizing blue prints and designs to carry out electronic repair procedures									

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PART II-WORK EXPERIENCE (CONTINUED)

PRINT NAME _____		CODE	EXPERIENCE				AMOUNT OF TIME			
<p>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.</p> <p>Place an "X" in the column that most accurately represents the Experience you have AND the Amount of Time your experience represents.</p> <p>SECTION 2: Electronic Maintenance</p>		Experience Code(s) (FROM PART I)	I have had no training or experience with this task.	I have had training on this task, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently.	I possess less than four (4) years of experience.	I possess four (4) to five (5) years of experience.	I possess five (5) to six (6) years of experience.	I possess more than six (6) years of experience.
1.	Using testing equipment to maintain electronic equipment and devices <i>Testing equipment may include: voltmeters, oscilloscopes, diode testers, etc.</i>									
2.	Performing shop testing and diagnostics on electronics to ensure components are maintained at the most optimum level possible									
3.	Following procedures in schematics, manuals, etc. in order to maintain electronic equipment									
4.	Maintaining electronic equipment in the field									
5.	Utilizing programs, software, and/or simulations to assess proper operation of electronic devices									
6.	Evaluating new testing equipment to ensure proper operation <i>Testing equipment may include: voltmeters, oscilloscopes, diode testers, etc.</i>									

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PART II-WORK EXPERIENCE (CONTINUED)

PRINT NAME _____		CODE	EXPERIENCE				AMOUNT OF TIME			
<p>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.</p> <p>Place an "X" in the column that most accurately represents the Experience you have AND the Amount of Time your experience represents.</p> <p>SECTION 3: Clerical Skills</p>		Experience Code(s) (FROM PART I)	I have had no training or experience with this task.	I have had training on this task, but no application on the job.	I have performed this task on the job under normal supervision.	I have performed this task independently.	I possess less than four (4) years of experience.	I possess four (4) to five (5) years of experience.	I possess five (5) to six (6) years of experience.	I possess more than six (6) years of experience.
1.	Preparing reports relating to day-to-day operations									
2.	Using job related equipment and programs <i>Job related equipment and programs may include: Microsoft Office applications, computers, time reporting tools, etc.</i>									
3.	Maintaining proper records and history of repairs done on equipment									
4.	Answering phone calls and resolving issues by using prior knowledge and experience of electronic devices									
5.	Training others on the proper use and application of electronic equipment and devices									