The CALTRANS ELECTRICIAN I examination is being given on an Open Departmental basis.

This questionnaire is your entire 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(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 minimum qualifications 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. Caltrans 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 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 ELECTRICIAN I

The completed Supplemental Application Questionnaire along with the STD. 678 State Application can be mailed and/or personally hand delivered to:

Caltrans Examination Services (MS 86)   Caltrans
File in person: 1727 30th Street, 1st Floor
P.O. Box 168036    Sacramento, CA 95816
Sacramento, CA 95816-8036
(916) 227-7858

Facsimile (FAX) or electronically mailed (e-mailed) Supplemental 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 as it relates to the CALTRANS ELECTRICIAN I 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:______________
### 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 page 4 and 5, in rows “1” through “19,” list the *amount of time in hours* your experience represents.

**SAMPLE**

<table>
<thead>
<tr>
<th>CODE</th>
<th>AMOUNT OF TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 the *amount of HOURS* your experience represents.

<table>
<thead>
<tr>
<th>Experience Code(s) FROM PART I</th>
<th>Amount of hours of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>A &amp;C</td>
<td>1000</td>
</tr>
<tr>
<td>C &amp; D</td>
<td>1200</td>
</tr>
</tbody>
</table>

1. (Sample Item) Stock room and material handling

2. Wiring
CALTRANS ELECTRICIAN I
Supplemental Application Questionnaire

PART II - WORK EXPERIENCE

CANDIDATE ID: / 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 the total amount of HOURS your experience represents.

<table>
<thead>
<tr>
<th>CODE</th>
<th>AMOUNT OF TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experience Code(s) (FROM PART I)</td>
</tr>
<tr>
<td></td>
<td>Amount of hours of experience</td>
</tr>
</tbody>
</table>

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
This exam will require candidates to respond to pre-determined job-related questions in written format. It’s very important that you answer each question completely and thoroughly. YOU HAVE THE OPTION OF responding in “bullet format” or summarizing your response in “paragraph format”. You may also use a combination of both.

- Your response to each question should be on a separate page.
- Each page should include the name of the examination, your name, and date.
- Responses can be in bullet or paragraph format or a combination of both.

**SAMPLE**

CANDIDATE ID:/PRINT NAME: ___________________ Date: ______________

Question #1          Bullet format sample

- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Question #2          Paragraph format sample

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Question #3          Combination of both formats

- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.
Question # 2

List all possible items that would be included in a Daily Report/Daily Diary.
Question # 3

Please list common hand tools and/or test equipment that you would use in electrical repair and troubleshooting.
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.)
<table>
<thead>
<tr>
<th>EXAMINATION TITLE</th>
<th>CALTRANS ELECTRICIAN I</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMINATION CODE</td>
<td>9TR05</td>
</tr>
<tr>
<td>EXAMINATION DATE</td>
<td></td>
</tr>
<tr>
<td>CANDIDATE NAME</td>
<td>(PLEASE PRINT – (Last Name, First Name, Middle Initial))</td>
</tr>
<tr>
<td>CANDIDATE IDENTIFICATION NUMBER</td>
<td>(Provided on your Notice to Appear letter)</td>
</tr>
</tbody>
</table>

**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 BOX NEXT TO THE DISTRICT(S) WHERE YOU WISH TO WORK.**

- [ ] DISTRICT 1 – EUREKA
- [ ] DISTRICT 2 – REDDING
- [ ] DISTRICT 3 – MARYSVILLE
- [ ] DISTRICT 4 – OAKLAND
- [ ] DISTRICT 5 – SAN LUIS OBISPO
- [ ] DISTRICT 6 – FRESNO
- [ ] DISTRICT 7 – LOS ANGELES
- [ ] DISTRICT 8 – SAN BERNARDINO
- [ ] DISTRICT 9 – BISHOP
- [ ] DISTRICT 10 – STOCKTON
- [ ] DISTRICT 11 – SAN DIEGO
- [ ] DISTRICT 12 – SANTA ANA

**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 Department of Transportation promptly of any changes in your address or availability for employment.