CALTRANS
OFFICE OF EXAMINATIONS
CALTRANS ELECTRICIAN I – 9TR05
SUPPLEMENTAL APPLICATION QUESTIONNAIRE

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

This questionnaire is your entire exam 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.

The completed Supplemental Application Questionnaire can be mailed and/or personally hand delivered to:

Caltrans
Exam Services (MS 86)
P.O. Box 168036
Sacramento, CA 95816-8036

File in person: Caltrans
1727 30th Street, 1st Floor
Sacramento, CA 95816
(916) 227-5181

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: __________________
### CALTRANS ELECTRICIAN I
Supplemental Application Questionnaire

### 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, 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 IN HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experience Code(s) FROM PART I</strong></td>
<td><strong>Amount of hours of experience</strong></td>
</tr>
</tbody>
</table>

<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>

**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.

1. **(Sample Item)**
   - Stock room and material handling.
   - **A & C** 1000

2. **Wiring**
   - **C & D** 1200
**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>Experience Code(s) (FROM PART I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE</td>
</tr>
<tr>
<td>Stock room and material handling</td>
</tr>
<tr>
<td>Residential wiring installation</td>
</tr>
<tr>
<td>Commercial wiring installation</td>
</tr>
<tr>
<td>Industrial wiring installation</td>
</tr>
<tr>
<td>Voice, data, and video installation</td>
</tr>
<tr>
<td>Underground conduit installation</td>
</tr>
<tr>
<td>General troubleshooting and maintenance</td>
</tr>
<tr>
<td>Finish work and fixtures</td>
</tr>
<tr>
<td>Fire/Life safety</td>
</tr>
<tr>
<td>Nurse call systems</td>
</tr>
<tr>
<td>Maintenance of lighting fixtures</td>
</tr>
<tr>
<td>Installation of retrofit fixtures</td>
</tr>
<tr>
<td>Traffic signal installation</td>
</tr>
<tr>
<td>Traffic signal repair</td>
</tr>
<tr>
<td>Highway/street lighting installation</td>
</tr>
<tr>
<td>Highway/street lighting repair</td>
</tr>
<tr>
<td>Lighting control center install/repair</td>
</tr>
<tr>
<td>Motor controller center install/repair</td>
</tr>
<tr>
<td>Programmable Logic Controller (PLC) install/repair</td>
</tr>
</tbody>
</table>
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 trouble shooting.
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.)
**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.

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**EXAMINATION TITLE**

CALTRANS ELECTRICIAN I

<table>
<thead>
<tr>
<th>EXAMINATION CODE</th>
<th>EXAMINATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9TR05</td>
<td></td>
</tr>
</tbody>
</table>

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

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**PLEASE CHECK THE BOXES 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 – IRVINE

**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

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Privacy Statement
Please notify the Department of Transportation promptly of any changes in your address or availability for employment.