



**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
TRAINING AND EXPERIENCE ASSESSMENT
DISABILITY EVALUATION ANALYST III**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the Disability Evaluation Analyst III classification, with the California Department of Social Services (CDSS). 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 by CDSS to fill existing vacancies. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time bases you are interested in working. It is required that you personally complete this examination accurately without assistance, and then sign the 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 and understand that the information provided on this Training and Experience Assessment Questionnaire is true and complete 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/Work Phone Number: _____

Signature: _____ Date: _____

CONDITIONS OF EMPLOYMENT

If you are successful in this examination(s), your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

LOCATION(S) YOU ARE WILLING TO WORK

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL ONLY BE ELIGIBLE FOR EMPLOYMENT IN LOCATIONS THAT YOU MARK.

- ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.
- | | | |
|---|---|---|
| <input type="checkbox"/> Alameda County | <input type="checkbox"/> Butte County | <input type="checkbox"/> Fresno County |
| <input type="checkbox"/> Los Angeles County | <input type="checkbox"/> Placer County | <input type="checkbox"/> Sacramento County |
| <input type="checkbox"/> San Diego County | <input type="checkbox"/> San Joaquin County | <input type="checkbox"/> Santa Clara County |

TYPE OF APPOINTMENT YOU WILL ACCEPT

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

- | | |
|---|--|
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (K) Limited-Term Full-Time |
| <input type="checkbox"/> (V) Permanent Part-Time | <input type="checkbox"/> (W) Limited-Term Part-Time |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (X) Limited-Term Intermittent |

MAILING INSTRUCTIONS

Mail your completed examination along with a completed State Application Form, STD. 678 to the address listed below. You can print the [State Application Form](#) from the California Department of Human Resources (CalHR) website at <https://jobs.ca.gov/>.

FILE BY MAIL

California Department of Social Services
Attention: Examination Unit
P.O. Box 944243, MS 8-15-58
Sacramento, CA 94244-2430

FILE IN PERSON

California Department of Social Services
Attention: Examination Unit
744 P Street, OB 8, 15th Floor
Sacramento, CA 95814
Monday-Friday, 8:00 AM-5:00 PM

CRIMINAL RECORD CLEARANCE INFORMATION

Some positions within various divisions of the California Department of Social Services are subject to fingerprinting and criminal records check requirements. This check will be completed by the Department of Justice. Applicants will be notified during the hiring process if the position is affected by the criminal records clearance procedure. Criminal record clearance is a condition of employment in positions affected by this procedure.

INSTRUCTIONS

This 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.

Respond to each of the following statements 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 at least 5 years of experience in regularly performing this action.

Moderate Experience

I have at least 4 years, but less than 5 years of experience in this action.

Basic Experience

I have at least 3 years, but less than 4 years of experience in this action.

Limited Experience

I have less than 3 years of experience in performing this action.

No Experience

I have never performed this action.

1. Obtain medical, personal, educational, and vocational information in the adjudication of Disability Insurance, Supplemental Security Income, and Medi-Cal claims.

Knowledge related to performing this action

Experience related to performing this action

2. Analyze medical, personal, educational, and vocational information in the adjudication of Disability Insurance, Supplemental Security Income, and Medi-Cal claims.

Knowledge related to performing this action

Experience related to performing this action

3. Summarize findings for medical consultants and subsequent reviewers.

Knowledge related to performing this action

Experience related to performing this action

4. Prepare standardized forms.

Knowledge related to performing this action

Experience related to performing this action

5. Prepare a Medical Vocational Evaluation.

Knowledge related to performing this action

Experience related to performing this action

6. Rate the functional domains in childhood disability claims.

Knowledge related to performing this action

Experience related to performing this action

7. Adjudicate more complex types of disability claims, including Reconsiderations, Continuing Disability Reviews, Pre-Hearing, and State Hearing cases.

Knowledge related to performing this action

Experience related to performing this action

8. Investigate problem areas (e.g., onset date, prior work and earnings information, prior file information, etc.).

Knowledge related to performing this action

Experience related to performing this action

9. Act as a team leader.

Knowledge related to performing this action

Experience related to performing this action

10. Substantiate findings with a recommendation for medical consultants and subsequent reviewers.

Knowledge related to performing this action

Experience related to performing this action

KNOWLEDGE, SKILL, OR ABILITY (KSA) ASSESSMENT

Rate your knowledge, skill, or ability performing specific job-related actions, using the rating scale below.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for the scale provided. Responses may not be changed or added once submitted to the Department of Social Services Examination Unit. 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 - KNOWLEDGE, SKILL, OR ABILITY RELATED TO THIS STATEMENT

Extensive Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job and have used it to instruct others on the specific task.

Moderate Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job.

Limited Knowledge, Skill, or Ability

I have education or training relevant to this KSA, but have not applied it to an actual job.

No Knowledge, Skill, or Ability

I have no experience, education, or training relevant to this KSA

1. Broad range of technical data necessary for the adjudication of Social Security Disability claims.

Knowledge, Skill, or Ability related to performing this action

2. Principles, practices, and trends in occupational placement for the purpose of vocational analysis.

Knowledge, Skill, or Ability related to performing this action

3. Regulations and policies of the Social Security Disability Evaluation Program.

Knowledge, Skill, or Ability related to performing this action

4. Principles, procedures, and techniques used in Social Security Disability Evaluation.

Knowledge, Skill, or Ability related to performing this action

5. Medical terminology and its implications for the purpose of evaluating and analyzing medical evidence.

Knowledge, Skill, or Ability related to performing this action

6. Adjudicative principles and techniques.

Knowledge, Skill, or Ability related to performing this action

7. Type and nature of disabilities and the expected duration of physical and/or mental limitations.

Knowledge, Skill, or Ability related to performing this action

8. Medical care programs and basic medical and psychiatric conditions in relation to the rehabilitation process.

Knowledge, Skill, or Ability related to performing this action

**THIS CONCLUDES THE ASSESSMENT FOR THE
DISABILITY EVALUATION ANALYST III
EXAMINATION**

Please refer to Page 2 for filing/ mailing instructions.