



**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
TRAINING AND EXPERIENCE ASSESSMENT  
DISABILITY EVALUATION SERVICES ADMINISTRATOR II**

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This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the DISABILITY EVALUATION SERVICES ADMINISTRATOR II, 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.

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**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.

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### **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"/> 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 |  |   |

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### **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 |

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### **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, 15<sup>th</sup> 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.

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1. Coordinate the activities of professional and support staff.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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2. Plan the duties and assignments of the Case Adjudication Bureau who provide quality services for adjudication of disability claims.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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3. Organize the tasks and assignments of the Case Adjudication Bureau who provide quality services for adjudication of disability claims.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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4. Provide administrative direction to supervisors to ensure compliance with Bureau/Branch goals.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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5. Implement procedures to enhance the Department's policies and practices in accordance with the Department's mission and vision.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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6. Maintain program standards to effectively adjudicate claims.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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7. Work closely with the Program Support Bureau to ensure compliance with Division objectives.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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8. Work with Division administrators to evaluate and provide input on new proposals, protocols, and procedures.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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9. Act as a liaison with assigned Social Security District Offices.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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10. Provide guidance to supervisors regarding corrective action and employee relations.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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11. Oversee hiring, promotions, and staffing changes within the Case Adjudication Bureau.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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12. Manage the collection and analysis of statistical trends, productivity, quality assurance, and budgetary matters.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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13. Collaborate with peers.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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14. Participate in quality reviews.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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15. Provide project leadership for the implementation, planning and use technology.

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**Knowledge related to performing this action**

**Experience related to performing this action**



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16. Represent the Department at conferences, forums, and community meetings.

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**Knowledge related to performing this action**

**Experience related to performing this action**

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17. Promote a workplace free of discrimination and harassment.

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**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

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1. Practices in the interpretation of medical reports, psychological tests, and laboratory studies.

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**Knowledge, Skill, or Ability related to performing this action**

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2. Vocational implications of physical and mental impairments and disease processes.

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**Knowledge, Skill, or Ability related to performing this action**

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3. Medical Terminology.

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**Knowledge, Skill, or Ability related to performing this action**

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4. Welfare and Institutions Code, Social Security Act, and other related State and Federal laws, rules, and regulations pertaining to medical and legal responsibilities.

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**Knowledge, Skill, or Ability related to performing this action**

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5. Principles, trends, procedures, methods, and techniques used in the supervision and administration of disability claims development and adjudication.

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**Knowledge, Skill, or Ability related to performing this action**

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6. Research methods.

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**Knowledge, Skill, or Ability related to performing this action**

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7. Principles of supervision, consultation, training and staff development, budget analysis, and personnel management.

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**Knowledge, Skill, or Ability related to performing this action**

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8. Principles of organization, administration, and management to supervise a team toward empowerment, high involvement, and success.

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**Knowledge, Skill, or Ability related to performing this action**

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9. Supervisory responsibility for promoting equal opportunity in hiring and employee development and promotion, and for maintaining a work environment which is free of discrimination and harassment.

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**Knowledge, Skill, or Ability related to performing this action**

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10. Organize and direct the work of others.

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**Knowledge, Skill, or Ability related to performing this action**

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11. Analyze situations accurately and take effective action.

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**Knowledge, Skill, or Ability related to performing this action**

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12. Utilize and apply effectively technical knowledge and skills.

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**Knowledge, Skill, or Ability related to performing this action**

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13. Establish and maintain cooperative working relationships with a variety of public and private organizations, institutions, agencies, and individuals.

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**Knowledge, Skill, or Ability related to performing this action**

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14. Communicate effectively.

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**Knowledge, Skill, or Ability related to performing this action**

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15. Effectively promote equal opportunity in employment and maintain a work environment that is free of discrimination and harassment.

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**Knowledge, Skill, or Ability related to performing this action**

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16. Act independently with objectivity, flexibility, and tact.

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**Knowledge, Skill, or Ability related to performing this action**

**THIS CONCLUDES THE ASSESSMENT FOR THE  
DISABILITY EVALUATION SERVICES ADMINISTRATOR II  
EXAMINATION**

**Please refer to Page 2 for filing/ mailing instructions.**