

STATE OF CALIFORNIA - STATE LANDS COMMISSION  
**QUALIFICATIONS ASSESSMENT**  
SLC 312.1

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the \_\_\_\_\_ classification with the California State Lands Commission (CSLC). 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 may be used to fill CSLC positions in \_\_\_\_\_.

A "Conditions of Employment" section is included in this examination which will allow you to select the time bases and location(s) you are interested in working. It is required that you personally complete this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions and read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions or submit the current version of the State Application (STD 678) and the Qualifications Assessment (SLC 312.1) will be eliminated from this examination.**

**THIS AFFIRMATION MUST BE COMPLETED.**

I hereby certify that the information provided on this Qualifications Assessment Questionnaire is true and correct 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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

YOUR COMPLETED QUALIFICATIONS ASSESSMENT AND EXAMINATION APPLICATION (STD. 678) MUST INCLUDE YOUR ORIGINAL SIGNATURE. COMPLETED QUALIFICATIONS ASSESSMENTS AND STATE APPLICATION MUST BE MAILED OR DELIVERED TO THE FOLLOWING LOCATION(S):

**Mail or Deliver in Person to:**

**Deliver in Person To:**

**NOTE:**

- Be sure your envelope is postmarked and has **adequate postage** if submitting via mail.
- Faxed or emailed application packages will **NOT** be accepted under any circumstances.
- Mobile Bar Codes, such as the Quick Response (QR) Codes available at the USPS, are not considered Postmark dates for the purpose of determining timely filing.

**GENERAL INSTRUCTIONS**

This process is the entire examination for the above classification. Therefore, please be sure to review and follow all instructions carefully as missing or incomplete information may result in disqualification or a lower score. The 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. The following areas comprise the complete examination for the classification. You must ensure that you

have reviewed each of the following areas:

- Affirmation Statement
- General Instructions / Prior State Employment
- Conditions of Employment
- Rating Instructions / Scales
- Knowledge & Work Experience
- Recruitment Questionnaire

**REQUIRED EXAM APPLICATION DOCUMENTS**

The following items are required to be submitted with your exam application. Applicants who do not submit the required items timely may not be considered for this exam:

- Current version of the State Examination Application (STD. 678).
- Qualifications Assessment (SLC 312.1)

**YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the eligible list / certification list
- Loss of State employment
- Loss of rights to compete in any future state examinations

**PRIOR STATE EMPLOYMENT INFORMATION** - Complete this next section **ONLY** if you have been previously **dismissed** from California State Civil Service employment by punitive action or as a result of disciplinary proceedings.

Do you have written permission from the Department of Human Resources (CalHR) to take this examination  Yes  No

State Personnel Board, Rule 211 provides that a dismissed state employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

**CONDITIONS OF EMPLOYMENT FORM**

**PLEASE CHECK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.**

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies Statewide according to the conditions you specify on this form.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please check the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment. If "(A) Any" is checked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

- (D) Permanent Full-Time
- (R) Permanent Part-Time
- (K) Limited-Term Full-Time
- (A) Any

**LOCATION(S) YOU ARE WILLING TO WORK**

- 0005  ANYWHERE IN THE STATE – If this box is checked, no further selection is necessary
- 0700  Contra Costa County
- 1900  Los Angeles County
- 3000  Orange County
- 3400  Sacramento County
- 4200  Santa Barbara County

**ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES**

After list release, successful candidates may promptly update any address and/or availability for employment preference information by accessing their CalCareer account on the California Department of Human Resources (CalHR) website at [www.jobs.ca.gov](http://www.jobs.ca.gov) or by notifying Human Resources at (916) 574-1910.

**RATING INSTRUCTIONS:**

1. Using the rating scales below, rate your knowledge and experience performing specific job-related actions.
2. Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by checking 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 more than \_\_\_\_\_ years of experience in regularly performing this action **and** I have instructed others on this specific action.

**Moderate Experience**

I have more than \_\_\_\_\_ years, but less than \_\_\_\_\_ years of experience performing this action **and** I can perform it independently.

**Basic Experience**

I have more than \_\_\_\_\_ years, but less than \_\_\_\_\_ years of experience performing this action **and** I have performed it regularly with minimal or no assistance.

**Limited Experience**

I have less than \_\_\_\_\_ years of experience in performing this action **and** I may require assistance for successful performance.

**No Experience**

I have never performed this action.

**Knowledge related to performing this action**

- Extensive Knowledge
- Moderate Knowledge
- Basic Knowledge
- Limited Knowledge
- No Knowledge

**Experience related to performing this action**

- Extensive Experience
- Moderate Experience
- Basic Experience
- Limited Experience
- No Experience

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**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination. Responses are voluntary and will be used for recruitment statistics.**

***HOW DID YOU HEAR ABOUT THIS EXAMINATION?***

Check the appropriate box below.

- CalCareer Website ([www.jobs.ca.gov](http://www.jobs.ca.gov))
- California State Lands Commission employee
- College/School
- Employment Website
- Newspaper/Magazine Advertisement
- Social Media
- Other: \_\_\_\_\_

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT**

**QUALIFICATIONS ASSESSMENT**

SLC 312.1

**Privacy notice for individual(s)**

Section 1798.17 of the Civil Code requires that this notice be provided when collecting personal information from individuals. Each individual has the right to review his or her personal information maintained by this agency, unless access is exempted by law. Individual means a natural person.

**AGENCY NAME / DIVISION**

California State Lands Commission / Human Resources Office

**TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION**

Personnel Officer

**BUSINESS ADDRESS OF OFFICIAL / TELEPHONE**

100 Howe Avenue, Suite 100 South, Sacramento, California 95825 / (916) 574-1910

**AUTHORITY THAT AUTHORIZES THE MAINTENANCE OF THE INFORMATION**

Public Resources Code Section 6001 et seq.

**THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY; ALL OTHERS ARE MANDATORY**

All information requested on the application is mandatory, unless otherwise noted.

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION**

The Commission may not be able to process your application

**THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED**

Processing your application

**KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24(e) or (f)**

Bureau of State Audits; local, state, or federal regulatory agencies or courts with jurisdiction over any aspect of your application.