

## **SENIOR LIBRARIAN**

## Supplemental Application INSTRUCTIONS

Thank you for your interest in the Senior Librarian at the California State Library.

In order to be considered for these jobs, it is first necessary for you to take and pass a civil service examination with a score that is among the highest of the applicants who take the test.

Along with submission of a detailed resume, completion of this supplemental application is the examination process. This supplemental application solicits specific information about your experience and background that is directly relevant to these jobs.

Please answer each question, clearly, concisely, and truthfully on the attached form. Failure to follow these instructions will result in elimination from the examination process. Please note that there is no save function in this exam and it must be completed in one seating.

There is no deadline for submission of your application materials. This examination process will be available throughout the year. As vacancies occur, all individuals who have submitted their information and passed the examination will be notified of the next steps to be considered for any available position.

The information you provide will be evaluated by a team of subject matter specialists who will rate your responses on the quality and clarity of your writing as demonstrated by your responses, as well as the breadth and depth of your relevant experience. You will be given an overall score on this supplemental application and this will determine your placement on the list of those who pass the examination. You will be notified in writing of your exam results.

If you pass the examination, you may then apply for and be considered for individual job vacancies in this classification. In addition, the Department may contact you directly as vacancies occur.

If you are selected to be considered for hire into a vacancy, you will be invited to participate in a comprehensive hiring interview process consisting of the following:

- o Submission of a standard state application
- A visual resume where you will be asked to make a five minute stand-up presentation discussing your experience and qualifications for the job
- A set of interview questions designed to explore your specific qualifications

We wish you luck in the process.

## **SENIOR LIBRARIAN**

## **Supplemental Application**

| Name:   |                         | E-mail:                                       |  |
|---|-------------------------|---|--|
| Please affirm that you meet the following educational requirement: equivalent to graduation from a college or university and completion of a graduate degree from an accredited library school.   |                         |   |  |
| ☐ Yes   | □ No                    |   |  |
| Please describe the way in which your experience meets the minimum requirements for participation in this examination.  |                         |   |  |
| ☐ Two years in the California st<br>responsibility equivalent to that   | ,                       | g professional librarian duties at a level of |  |
| $\Box$ Three years of increasingly responsible and varied professional library experience such as cataloging, reference work, library service projects, and the selection of library materials, at least one year of which must have included regular use of computerized databases |                         |   |  |
| Please describe your highest lev  | vel of experience in ea | ch of the following library functions.        |  |
| Collection Development  |                         |   |  |
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Name and email/phone number of person who can verify this experience:

| Acquisitions  |
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| Name and email/phone number of person who can verify this experience:           |
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| Cataloging and Classification   |
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| Name and email/phone number of person who can verify this experience:           |
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| Reference   |
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| Name and email/phone number of person who can verify this experience:           |

| Circulation   |
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| Name and email/phone number of person who can verify this experience:                         |
| Preservation of Library Material  |
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| Name and email/phone number of person who can verify this experience:                         |
| Specialized Function or Collection (eg. law, medical, braille and talking book library, etc.) |
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| Name and email/phone number of person who can verify this experience:                         |

| 1. Please describe the strategies and techniques you would use to create and foster a customer service focus in a library setting. |  |  |
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| Name and email/phone number of person who can verify this experience:  |  |  |
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| Name and email/phone number of person who can verify this experience:  |  |  |

| 3. Please describe the techniques and strategies that you would use to establish and maintain cooperative relationships with library patrons, coworkers, and the public. |  |  |
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| Name and email/phone number of person who can verify this experience:  |  |  |
| 4. Please describe the social and library trends that have impacted the way people communicate and   |  |  |
| seek information.  |  |  |
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| 7. Please describe your experience as a "lead" over other employees. Discuss how "lead" responsibilities are different from "supervision" and what techniques you used to guide and train employees assigned to you. |  |  |
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| Name and email/phone number of person who can verify your experience:  |  |  |
| 8. Please describe any expertise or experience that you have working with specialized collections. Be specific about the nature and size of the collection.  |  |  |
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| Name and email/phone number of person who can verify your experience:  |  |  |

| $\square$ By checking this box, I hereby certify under penalty of perjury that the information I have entered on |  |  |
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| this application is true and complete to the best of my knowledge. I further understand that all                 |  |  |
| information is subject to verification and that any false, incomplete, or incorrect statements may result        |  |  |
| in my disqualification from the examination process or dismissal from employment with the State of               |  |  |
| California. I authorize the employers and educational institutions identified on this application to release     |  |  |
| any information they may have concerning my employment or education to the State of California.                  |  |  |
|  |  |  |
| Signature Date   |  |  |