



## **LIBRARY PROGRAMS ADMINISTRATOR**

### **Supplemental Application**

#### **INSTRUCTIONS**

Thank you for your interest in the Library Programs Administrator 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 place among the top candidates on the examination list (i.e., in the top three ranks) 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:

- Submission of a standard state application
- A problem analysis exercise where you will be given documents and instructions to review and analyze the materials and prepare a memo discussing your conclusions,
- 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.**

## LIBRARY PROGRAMS ADMINISTRATOR

### Supplemental Application

Name: Test

E-mail: Test@test.com

**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, or a library media credential issued by a teacher-credentialing commission authorizing service in California; or a graduate degree in a relevant or appropriate field.**

☐ Yes

☐ No

**Please describe the way in which your experience meets the minimum requirements for participation in this examination.**

☐ One year of experience in the California state service performing professional librarian duties at a level of responsibility equivalent to that of a [Library Programs Consultant](#) or a [Principal Librarian](#)

☐ Two years of experience in the California state service performing professional librarian duties at a level of responsibility equivalent to that of a [Supervising Librarian II](#)

☐ More than five years of increasingly responsible experience in the development and administration of varied and complex library programs, at least two years of which shall have included supervision over library programs comparable in level of responsibility to the class of [Principal Librarian](#)

**1. Please rate your experience in establishing and maintaining cooperative relationships with library patrons, coworkers, and the public.**

☐ None

☐ Limited

☐ Considerable

Please describe the techniques and strategies that you have used to establish and maintain cooperative relationships with library patrons, coworkers, and the public that support your rating.

True

Name and email/phone number of person who can verify this experience.

Test

Test@test.com

111-999-1581

**2. Please rate your experience in developing and maintaining a discrimination and harassment free work environment.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Discuss the number and composition of the workforce in which you worked and what you specifically did to create a discrimination and harassment free workplace.

True

Name and email/phone number of person who can verify this experience

Test

Test@test.com

111-999-1581

**3. Please rate your experience in forming and/or working with teams or fostering teamwork among coworkers or work units.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the nature of the team, its purpose or goals, and your role in the process.

True

Name and email/phone number of person who can verify this experience.

Test

Test@test.com

111-999-1581

**4. Please rate your experience in the development, implementation, and or evaluation of library program criteria.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the program, the criteria and/or metrics you developed and implemented and your assessment of their effectiveness as evaluative tools.

True

Name and email/phone number of person who can verify this experience:

Test      Test@test.com      111-999-1581

**5. Please rate your experience in developing and using conflict resolution strategies.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the situation in which you developed and/or used conflict resolution strategies and your role in the process.

True

Name and email/phone number of person who can verify your experience:

Test      Test@test.com      111-999-1581

**6. Please rate your experience in supervising other employees.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the number and types of employees supervised, directly or indirectly, and the breadth and scope of functions they performed.

True

Name and email/phone number of person who can verify your experience:

Test

Test@test.com

111-999-1581

**7. Please rate your experience in managing a library budget or in evaluating the fiscal status of projects or the fiscal viability of proposals to fund activities.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your fiscal management experience. Be specific about the size and complexity of the program, project or proposal that you managed or oversaw.

True

Name and email/phone number of person who can verify this experience:

Test

Test@test.com

111-999-1581

**8. Please describe the methods you use to stay abreast of best practices and the latest trends in library services and technology, for example, any association affiliations, conferences, seminars attended, training attended or given, or any other resources utilized. Discuss your role in any associations (e.g. member, officer) and the extent of your participation in conferences, seminars, or training programs (e.g. organizer, participant, speaker, etc.)**

Test

Name and email/phone number of person who can verify this experience:

Test

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☒ By checking this box, I hereby certify under penalty of perjury that the information I have entered on 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 Test

Date 19/19/7897