



**PRINCIPAL LIBRARIAN**  
**Supplemental Application**  
**INSTRUCTIONS**

Thank you for your interest in the Principal 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:

- 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.**

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

☐ Two years of experience performing professional librarian duties at a level of responsibility equivalent to that of a [Supervising Librarian I](#) or a [Senior Librarian](#)

☐ Five years of increasingly responsible and varied professional library experience, at least two years of which shall have been comparable in level of responsibility to a [Supervising Librarian II](#) in charge of a major section of a large library or a large independent branch library

**Please describe your highest level of experience in each of the following library functions.**

Collection Development

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

## Acquisitions

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

## Cataloging and Classification

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

## Reference

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

Circulation

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

Preservation of Library Material

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.)

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

**1. Please rate your experience in creating and fostering a customer service focus in a library setting.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience in creating and fostering a customer service focus in a library setting that supports your self-rating. Be specific about the strategies and techniques you used and which proved to be the most successful.

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

**2. Please rate your knowledge and experience in establishing standard competencies among staff to ensure that staff members are evaluated equally and fairly.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience in establishing standard staff competencies that supports your self-rating. Be specific about the competencies, how they were developed, and how you implemented and monitored them.

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

**3. Please rate your experience with the development and/or revision of library policies and procedures.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your professional library experience that supports your rating. Discuss the subject of the policy or procedure, the problem to be addressed and the way in which the policy addressed this problem. Please be specific regarding your role in the process.

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

**4. 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.

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

**5. Please rate your experience in forming and/or working with teams or fostering teamwork among co-workers 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.

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

**6. 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.

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

**7. 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.

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

**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 (eg. member, officer) and the extent of your participation in conferences, seminars, or training programs (eg. organizer, participant, speaker, etc.)**



**9. Please rate your experience managing a library budget.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the size and complexity of the budget, whether it was for a unit/section/division/department/organization, and your role in the process.

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

**10. Please rate your experience in developing and/or implementing strategic goals and objectives.**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about the setting in which you engaged in strategic planning, the types of goals and objectives that were formulated and your role in the process.

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

**11. Please rate your skill and experience as a leader (as opposed to a manager).**

☐ None      ☐ Limited      ☐ Considerable

Please describe your experience that supports your rating. Be specific about your leadership traits and how you demonstrate the elements of effective leadership.

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

**12. 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.

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

☐ 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\_\_\_\_\_

Date\_\_\_\_\_