



**California Department of Public Health  
EXAMINATION QUESTIONNAIRE  
RESEARCH SCIENTIST I  
(MICROBIOLOGICAL SCIENCES)**

Examination title: Research Scientist I (Microbiological Sciences)

Name and address: •  
•

Thank you for your interest in California State civil service employment. The State of California is an Equal Employment Opportunity employer. The Research Scientist I (Microbiological Sciences) examination will consist of a Training and Experience Questionnaire that will be used to evaluate your knowledge, experience, training, and familiarity or understanding of a particular subject or issue.

This is a scored test and will account for 100% of your rating. It is important that you fill the questionnaire out completely and accurately. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION.** Your responses should be an accurate reflection of your personal experience and training.

Candidates who fail to follow the instructions will be eliminated from this examination.

**THIS AFFIRMATION MUST BE COMPLETED:**

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information will be verified and may be discussed in a hiring interview. I also understand that if it is discovered that I have made any false representations, I will be removed from the examination process, removed from the list resulting from the examination, or dismissed from civil service status.

Signature	Print name	Date
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Send completed application questionnaire package to:

California Department of Public Health  
Human Resources Branch  
MS 1700-1702  
P.O. Box 997378  
Sacramento, CA 95899-7378

**IMPORTANT NOTE:** Please ensure that the envelope has adequate postage. Facsimiles (FAX) will NOT be accepted under any circumstances.



California Department of Public Health  
**EXAMINATION QUESTIONNAIRE  
RESEARCH SCIENTIST II  
(MICROBIOLOGICAL SCIENCES)**

**GENERAL INSTRUCTIONS**

1. The attached questionnaire will constitute the entire examination. Additional instructions are provided within the questionnaire.
2. Your responses to the questions must be provided on the questionnaire. Answer all questions for each knowledge, experience, and/or other column as requested.

**NOTE: The first part titled “KNOWLEDGE AND EXPERIENCE” requires two responses; one response for knowledge and one for experience. Rate each your knowledge *and* experience.**

**For the part titled “EDUCATION,” special care should be taken to submitting a complete description of your education.**

**Any questions without a response will not be accounted for in your total score.**

3. You must submit a complete examination application package. Missing information will delay the processing of your examination.

The following documents comprise a complete examination application package for each Research Scientist I, II, and III:

- Completed Employment Application (STD. 678) which can be found at:  
([http://www.spb.ca.gov/employment/employment\\_app2.htm](http://www.spb.ca.gov/employment/employment_app2.htm))
  - Affirmation Statement (Page 1)
  - Conditions of Employment (Form 631) (Page 3)
  - Training and Experience Questionnaire (Begins on Page 4)
4. Before you mail the examination material, please keep a photocopy of the examination application package for your records. In the event that you are called for a hiring interview, you may be requested to provide a copy of this questionnaire.
  5. Upon receipt of your completed examination application package, documents become confidential information and are the property of the California Department of Public Health, Selection and Certification Section. Due to its confidential nature, such information cannot be returned.
  6. It is your responsibility to notify the California Department of Public Health, Selection and Certification Section, of any changes in your address. All correspondence must include the examination title, your identification number, and your social security number. Send correspondence to:

California Department of Public Health  
Human Resources Branch  
MS 1700–1702  
P.O. Box 997378  
Sacramento, CA 95899-7378



**California Department of Public Health  
EXAMINATION APPLICATION PACKAGE  
RESEARCH SCIENTIST I  
(MICROBIOLOGICAL SCIENCES)**

**CONDITIONS OF EMPLOYMENT**

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

Examination title: Research Scientist I (Microbiological Sciences)

If you are successful in the examination, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications, your name will be placed on the inactive list.

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK:**

Please check your choices—you will not be offered a job in locations not checked. If more than 15 checks are made, you may be considered available for work anywhere in the State.

(5) ANYWHERE IN THE STATE (IF CHECKED, NO FURTHER SELECTION IS NECESSARY.)

8004 ANYWHERE IN THE NORTHERN REGION—OR MARK NORTHERN REGION COUNTY CHOICES:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 0400 Butte     | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 4600 Sierra   |
| <input type="checkbox"/> 0600 Colusa    | <input type="checkbox"/> 2500 Modoc     | <input type="checkbox"/> 4700 Siskiyou |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2900 Nevada    | <input type="checkbox"/> 5100 Sutter   |
| <input type="checkbox"/> 1100 Glenn     | <input type="checkbox"/> 3100 Placer    | <input type="checkbox"/> 5200 Tehama   |
| <input type="checkbox"/> 1200 Humboldt  | <input type="checkbox"/> 3200 Plumas    | <input type="checkbox"/> 5300 Trinity  |
| <input type="checkbox"/> 1700 Lake      | <input type="checkbox"/> 4500 Shasta    | <input type="checkbox"/> 5800 Yuba     |
| <input type="checkbox"/> 1800 Lassen    |   |  |

8001 ANYWHERE IN THE CENTRAL REGION—OR MARK CENTRAL REGION COUNTY CHOICES:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 0100 Alameda      | <input type="checkbox"/> 2200 Mariposa      | <input type="checkbox"/> 4100 San Mateo   |
| <input type="checkbox"/> 0200 Alpine       | <input type="checkbox"/> 2400 Merced        | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0300 Amador       | <input type="checkbox"/> 2700 Monterey      | <input type="checkbox"/> 4400 Santa Cruz  |
| <input type="checkbox"/> 0500 Calaveras    | <input type="checkbox"/> 2800 Napa          | <input type="checkbox"/> 4800 Solano      |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 3400 Sacramento    | <input type="checkbox"/> 4900 Sonoma      |
| <input type="checkbox"/> 0900 El Dorado    | <input type="checkbox"/> 3500 San Benito    | <input type="checkbox"/> 5000 Stanislaus  |
| <input type="checkbox"/> 1000 Fresno       | <input type="checkbox"/> 3800 San Francisco | <input type="checkbox"/> 5500 Tuolumne    |
| <input type="checkbox"/> 2000 Madera       | <input type="checkbox"/> 3900 San Joaquin   | <input type="checkbox"/> 5700 Yolo        |
| <input type="checkbox"/> 2100 Marin        |   |   |

8011 ANYWHERE IN THE SOUTHERN REGION—OR MARK SOUTHERN REGION COUNTY CHOICES:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1300 Imperial    | <input type="checkbox"/> 2600 Mono           | <input type="checkbox"/> 4000 San Luis Obispo |
| <input type="checkbox"/> 1400 Inyo        | <input type="checkbox"/> 3000 Orange         | <input type="checkbox"/> 4200 Santa Barbara   |
| <input type="checkbox"/> 1500 Kern        | <input type="checkbox"/> 3300 Riverside      | <input type="checkbox"/> 5400 Tulare          |
| <input type="checkbox"/> 1600 Kings       | <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 5600 Ventura         |
| <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3700 San Diego      |   |



**TYPE OF EMPLOYMENT DESIRED:**

- Permanent     Limited Term     Full-Time     Part-Time     Intermittent

**INSTRUCTIONS: ALL CANDIDATES MUST COMPLETE QUESTIONS 1–19.**

**KNOWLEDGE AND EXPERIENCE**

**NOTE:** In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, half-time employment for six months is equivalent to three months full-time.

Rate both your knowledge and experience separately for each of the following:

	Extensive experience (four or more years)			
	Moderate experience (one to three years)			
	Some experience (less than one year)			
	No experience			
	Moderate/extensive knowledge			
	Basic/limited knowledge			
	No knowledge			
1. Identification and selection of laboratory samples for analytical testing . . . . .	0	1	2	3
2. Identification and selection of appropriate laboratory sample size . . . . .	0	1	2	3
3. Identification and selection of appropriate laboratory sample scheme . . . . .	0	1	2	3
4. Identification and selection of appropriate sample collection method . . . . .	0	1	2	3
5. Development of laboratory procedures and standards . . . . .	0	1	2	3
6. Maintain quality assurance of laboratory analysis testing . . . . .	0	1	2	3
7. Use of computer software for laboratory information management . . . . .	0	1	2	3
Name the software: _____				
8. Conduct research methodology using standard procedures and technology . .	0	1	2	3
9. Provide technical consultation to department investigators on laboratory testing results . . . . .	0	1	2	3
10. Critically review literature relevant to laboratory methods and interpretation of analytical findings . . . . .	0	1	2	3
11. Work as part of a multidisciplinary team:				
a. Team member . . . . .	0	1	2	3
b. Serve in a lead or supervisory role . . . . .	0	1	2	3
c. Principal or coprincipal investigator . . . . .	0	1	2	3
d. Consultant . . . . .	0	1	2	3

**NOTE: All information provided on this Questionnaire is subject to verification.**

**KNOWLEDGE AND EXPERIENCE (Cont.)**

	Extensive experience (four or more years)			Moderate experience (one to three years)			Some experience (less than one year)			No experience		
	Moderate/extensive knowledge			Basic/limited knowledge			No knowledge					
12. Develop laboratory guidelines and support the preparation of report(s) of research findings for publication . . . . .	0	1	2	0	1	2	3	0	1	2	3	
13. Conduct presentation(s) to other departmental staff or scientific groups . . . . .	0	1	2	0	1	2	3	0	1	2	3	
14. Provide expert legal testimony on laboratory testing . . . . .	0	1	2	0	1	2	3	0	1	2	3	

**EXPERIENCE IN SELECTED COMPONENTS OF RESEARCH**

Count only those proposals or research projects in Microbiological Sciences or a closely related field.

	Six or more				Three to five				One to two				None			
15. Number of co-authored publication you have in scientific journals . . . . .	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
16. Number of technical reports you have prepared as a first author or co-author (excluding those counted in the previous question). . . . .	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
17. Number of oral or poster presentation(s) you have presented or helped present at professional scientific meetings. . . . .	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
18. Number of oral training or orther presentations on scientific topics you have made . . . . .	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

**NOTE: All information provided on this Questionnaire is subject to verification.**

**EDUCATION**

19. Describe your academic professional education that is relevant to the Research Scientist classification:

Identify any additional education beyond the bachelor’s degree, such as an advance degree in the specialty or a closely related field.

Please identify your area of academic education and the title of your research thesis, study, or project. Describe the research problem you evaluated and the conclusions of your research.

Please identify professional training programs that you completed and certifications you possess.

**NOTE: All information provided on this Questionnaire is subject to verification.**

## CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Examination Title: Research Scientist I (Microbiological Sciences)

### EXAMINATION INFORMATION TO APPLICANT:

You have completed the examination for the Research Scientist I (Microbiological Sciences) examination. Test results will be mailed to you within four to six weeks after the date your completed application examination package is received.

**Reminder:** You must submit a complete examination application package which is comprised of the following documents:

- Completed Employment Application (STD. 678)  
([http://www.spb.ca.gov/employment/employment\\_app2.htm](http://www.spb.ca.gov/employment/employment_app2.htm))
- Signed Affirmation Statement
- Completed Conditions of Employment (Form 631)
- Completed Training and Experience Questionnaire

Mail the complete examination application package to:

California Department of Public Health  
Human Resources Branch  
MS 1700-1702  
P.O. Box 997378  
Sacramento, CA 95899-7378

If you have any questions regarding this examination, please contact the Selection and Certification Section staff at (916) 552-8344.

**NOTE: All information provided on this Questionnaire is subject to verification.**