



GOVERNOR'S OFFICE OF EMERGENCY SERVICES

**COORDINATOR (LAW ENFORCEMENT), OES
SENIOR COORDINATOR (LAW ENFORCEMENT), OES**

SUPPLEMENTAL APPLICATION
8OEAA

Name: _____
(Printed)

Address: _____
(Number) (Street)

(City) (State) (Zip)

YOU MUST SUBMIT YOUR COMPLETED SUPPLEMENTAL APPLICATION WITH YOUR EXAMINATION AND/OR EMPLOYMENT APPLICATION FORM (STD. 678), IN ORDER TO RECEIVE A SCORE IN THIS EXAMINATION.

SUBMIT BY MAIL OR IN PERSON TO:

Governor's Office of Emergency Services
Human Resources Branch
Recruitment & Selection Services Section
Attn: Leeza Rifredi
3650 Schriever Avenue
Mather, CA 95655

NOTE: Original signatures are required; therefore, faxed application packages will not be accepted for any reason.

I certify under penalty of perjury that the information I have entered on this supplemental application is true and correct. I further understand that any false, incomplete or incorrect statements may result in my disqualification from this examination.

Signature: _____

Date: _____

INSTRUCTIONS

The Coordinator (Law Enforcement) and Senior Coordinator (Law Enforcement) examinations consist of the attached Supplemental Application, which will be used to evaluate your education, training, experience, and familiarity with or understanding of various job related subject areas.

The Supplemental Application is weighted 100% and will be used to determine your final score and rank for one or both examinations. It is important that you fill out the evaluation completely and accurately. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION.**

If you are applying for Coordinator (Law Enforcement) only, complete questions 1-13.

If you are applying for Senior Coordinator (Law Enforcement) complete questions 1-17.

Candidates receiving a successful score on the examinations will be placed on the employment lists and may be considered for an employment interview for an existing position or future vacancies with the Governor's Office of Emergency Services. Successful candidates will have 12 months of eligibility on the employment list.

Examination results will be mailed to you in approximately 2-4 weeks.

COORDINATOR (LAW ENFORCEMENT), OES SENIOR COORDINATOR (LAW ENFORCEMENT), OES

Please mark the appropriate box for all items

SECTION 1 – EXPERIENCE

		4 or more yrs. experience	2½ to 4 yrs. experience	1 to 2½ yrs. experience	0-12 mos. experience
1. Please indicate the amount of experience you have directing a program, with major emphasis toward:					
A. Law Enforcement Emergency Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mutual Aid Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Please indicate the amount of experience you have:					
A. Responding to the most sensitive and difficult inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Evaluating performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Setting and adjusting priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Preparing and providing law enforcement training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please indicate the amount of experience you have in:					
A. Presenting ideas and information to local law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Establishing performance standards and expectations for duties and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Developing good working relationships with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mentoring employees to ensure a positive attitude toward their assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please indicate the amount of experience you have:					
A. Demonstrating initiative, creativity and flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Communicating with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Please indicate the amount of experience you have:					
A. Supervising a group of officers (at least 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Working as a leader over projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Coordinating the work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please indicate the amount of experience you have:					
A. Developing Instructional Lesson Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Analyzing situations and taking effective actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please indicate the amount of experience you have assisting management in meeting goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 -- EXPERIENCE (Continued)

	4 or more yrs. experience			
	2½ to 4 yrs. experience			
	1 to 2½ yrs. experience			
	0-12 mos. experience			
8. Please indicate the amount of experience you have:				
A. Reviewing analytical studies and surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Formulating policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Making recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Please indicate the amount of supervisory experience you have at the rank of Sergeant or above performing the following duties:				
A. Informing employees what conduct is expected of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Setting reasonable work objectives for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Creating a favorable working atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Establishing and maintaining open communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Providing regular feedback regarding job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Providing adequate training and staff development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Setting a good example	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Monitoring and evaluating employee's performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Resolving conflicts quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Please indicate the amount of experience you have:				
A. Supervising 10 or more officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reporting directly to a person in top management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Please indicate the amount of experience you have:				
A. Delegating work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Adjusting and approving work schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – EDUCATION

	More than 5 years			
	4 to 5 years			
	3 to 4 years			
	2 years			
12. Education above the 12 th grade:				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – TRAINING

	4 or more years			
	3 years			
	2 years			
	1 year			
13. Training in Law Enforcement / Emergency Management:				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ARE APPLYING FOR THE SENIOR COORDINATOR
PLEASE CONTINUE AND ANSWER SECTIONS 4 & 5**

SECTION 4 – EXPERIENCE – SR. COORDINATOR

	4 or more yrs. experience	2½ to 4 yrs. experience	1 to 2½ yrs. experience	0-12 mos. experience
14. Please indicate the amount of experience you have in:				
A. Preparing duty statements or job descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Recruiting and hiring staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Conducting staff evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Promoting staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Developing staff training plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. OES law enforcement coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Rank of Captain or equivalent in a law enforcement agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 – KNOWLEDGE – SR. COORDINATOR

	Extensive Knowledge	Working Knowledge	Some Knowledge	No Knowledge
15. Please indicate your knowledge of:				
A. The budget process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The legislative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Law enforcement mutual aid system & process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Please indicate your knowledge of:				
A. The Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The disciplinary process (preventative, corrective, adverse actions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Please indicate your knowledge of:				
A. Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Emergency management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>