



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SENIOR ADMINISTRATIVE ANALYST (ACCOUNTING SYSTEMS) EXAMINATION

SUPPLEMENTAL QUESTIONNAIRE – WEIGHTED 100%

This examination will consist of a Supplemental Questionnaire only. Applicants are required to respond to the following **SIX** supplemental questions. These supplemental questions are designed to identify job achievement that demonstrates ability to successfully perform the duties of a SENIOR ADMINISTRATIVE ANALYST (ACCT SYST). Responses to the supplemental questions will be used to assess on a competitive basis, each candidate's relevant training and experience, and will be evaluated competitively by a rating committee using pre-established rating criteria. In rating the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education required under the minimum qualifications.

In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Final results will be mailed out approximately two months after the final file date.

INSTRUCTIONS: Each applicant for this examination **must** complete and submit his/her responses to the supplemental questions that follow.

APPLICATIONS RECEIVED WITHOUT RESPONSES TO THE SUPPLEMENTAL QUESTIONS WILL BE REJECTED.

When responding to the supplemental questions, please follow these guidelines:

- Your responses must be typewritten or generated by word processing on 8 ½" X 11" paper.
- Your font should be no smaller than "12 pitch with "double" line space.
- Answer each question separately, indicating the corresponding question for each response.
- Your responses must be limited to one page per question.
- Identify each page with your full name.
- Make sure your responses are complete, accurate, specific, clear, and concise.
- Please return your [State Application std. 678](#) and one copy of the Supplemental Questions and Conditions of Employment to the address listed on page two of the examination bulletin.

NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental questions.

PROCEED TO NEXT SECTION TO COMPLETE THE EXAMINATION, MANDATORY SUPPLEMENTAL QUESTIONNAIRE.

THIS IS THE EXAMINATION – SENIOR ADMINISTRATIVE ANALYST (ACCOUNTING SYSTEMS)

QUESTION # 1

DESCRIBE YOUR WORK AND PROFESSIONAL EXPERIENCE THAT HAS PREPARED YOU FOR THE SENIOR ADMINISTRATIVE ANALYST CLASSIFICATION.

QUESTION #2:

DESCRIBE YOUR DIRECT EXPERIENCE IN THE ALLOCATING OF COSTS AND THE TYPES OF DATA THAT WOULD BE USED IN THESE CALCULATIONS.

QUESTION #3:

A) DESCRIBE YOUR DIRECT EXPERIENCE IN THE IMPLEMENTATION OF NEW AND/OR REVISED AUTOMATED ACCOUNTING SYSTEM(S) AND THE APPROACH USED.

B) DESCRIBE THE SCOPE AND COMPLEXITY (i.e. NUMBER OF USERS, VOLUME OF TRANSACTIONS, ETC.)

QUESTION #4:

THE STATE OF CALIFORNIA IS AN EQUAL OPPORTUNITY EMPLOYER, HOW WOULD YOU ENSURE THAT EQUAL OPPORTUNITY GOALS ARE MET?

QUESTION #5:

THE SENIOR ADMINISTRATIVE ANALYST OVERSEES VARIOUS ASPECTS OF THE QUARTERLY COUNTY CLAIMS. WHAT ARE THE KEY ELEMENTS, INVOICES, CONTRACTS AND PAYMENTS THAT NEED TO BE CONSIDERED IN MANAGING THE CLAIM PROCESS?

QUESTION # 6

DESCRIBE YOUR EXPERIENCE WITH AUDITS, SPECIFICALLY WITH AN ADVERSE AUDIT FINDING. INCLUDE THE NAME OF THE AUDITING ORGANIZATION, TYPE OF AUDIT AND THE AUDIT ISSUE.

CONDITIONS OF EMPLOYMENT

If you are successful in the exam, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form.

Candidate's Name: _____

Phone Number: _____

Email Address: _____

The following list of counties/cities identifies the locations where this class is currently used.

PLEASE CHECK the locations in which you are willing to work.

ANYWHERE IN THE STATE – if checked, no further selection is necessary

OR

Sacramento County (3400)

Los Angeles County (1900)

Alameda County (0100)

San Diego County (3700)

Fresno County (1000)

I hereby certify and understand that the information provided by me on this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal. I have read and understand the information given above.

Signature / Date _____

THIS FORM MUST BE COMPLETED AND SUBMITTED TOGETHER WITH YOUR STATE APPLICATION (STD 678) AND SUPPLEMENTAL QUESTIONNAIRE.