

**SUPPLEMENTAL APPLICATION FOR LIBRARIAN**

The California State Library’s Librarian examination is administered on an open continuous filing basis. This examination will consist of the attached Supplemental Application questionnaire, which will be used to evaluate your knowledge, experience, education and training as they relate to the Librarian classification. This Supplemental Application is the examination and will account for 100% of your examination score. **It is required that you personally complete this Supplemental Application accurately and without assistance.** Refer to the instructions below for completing and submitting this Supplemental Application.

**You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Supplemental Application. Candidates who fail to follow the instructions will be eliminated from this examination.**

**Do not attach any additional documents, e.g., resume, to this Supplemental Application.**

**YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Supplemental Application will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents their experience will be subject to adverse consequences, which could including the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

**THIS AFFIRMATION MUST BE COMPLETED**

**Government Code Section 18935:**

“The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination or in securing his or her eligibility.”

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 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 it is discovered that I have made any false representations after being appointed to a position, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

**YOUR COMPLETED SUPPLEMENTAL APPLICATION MUST INCLUDE AN ORIGINAL SIGNATURE**

**Mail Completed Supplemental Application,  
State Application (Std. Form 678) AND  
a Certified Copy of Your Transcripts to:**

**OR**

**Submit in Person a Completed Supplemental Application,  
State Application (Std. Form 678) AND a Certified Copy  
of Your Transcripts to:**

**California State Library  
Human Resources Services Office  
P.O. Box 942837  
Sacramento, CA 94237-0001**

**California State Library  
Human Resources Services Office  
900 N Street, Suite 400  
Sacramento, CA 95814**

**NOTE:**

- Be sure your envelope has adequate postage if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Be sure to enter your name in the space provided on EACH PAGE.

**PRIOR STATE EMPLOYMENT INFORMATION**

Complete this next section **ONLY** if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU, please skip this question.**

State Personnel Board Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

- YES
- NO
- NOT APPLICABLE

**MINIMUM QUALIFICATIONS**

**Education Requirement:** Equivalent to graduation from a college or university and completion of a graduate degree from an accredited library school.

**NOTE:** Registration as a graduate student in a library school will admit applicants to the examination, but evidence of completion of the required graduate degree must be submitted before an applicant can be considered eligible for appointment.

- I possess the required education (graduate degree from an accredited library school).
- I am registered as a graduate student in an accredited library school.

**CONDITIONS OF EMPLOYMENT FORM**

Please mark the appropriate box(es) of your choice – You will only be offered a job in locations marked. If you are successful in this examination, your name will be placed on an active employment list which will be used to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. After three such waivers and/or you do not reply to the contact, your name will be made inactive. On open employment lists, once your name is placed inactive, it cannot be reactivated. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select location(s) in those areas.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

On a <u>permanent</u> basis, I am willing to work: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (12 months per year, less than 40 hours per week) <input type="checkbox"/> INTERMITTENT (Not more than 1500 hours per year, which is equivalent to 9 months of work at 40 hours per week)	On a <u>temporary</u> basis, I am willing to work: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (12 months per year, less than 40 hours per week) <input type="checkbox"/> INTERMITTENT (Not more than 1500 hours per year, which is equivalent to 9 months of work at 40 hours per week)
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If all boxes are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**LOCATION(S) YOU ARE WILLING TO WORK**

- 3401 **Sacramento**                       3801 **San Francisco**

Please notify the California State Library promptly of any address changes or availability for employment at the following address: California State Library, Human Resources Services Office, P.O. Box 942837, Sacramento, California, 94237-0001.

**EXPERIENCE**

Under "Experience" for items #1 – #13, please indicate:

**Frequency**

1. If you have performed this task within the last 36 months.
2. How often you have performed this task.  
 (Please select **one** box from the "Weekly" "Monthly" or "Annually" columns) **AND**

**Level of Skill**

1. Indicate the level of skill that you have in performing this task.  
 (Please select **one** box from the "Level of Skill" column)

	Frequency				Level of Skill		
	Performed task within last 36 months	Performed task Weekly	Performed task Monthly	Performed task Annually	Have <b>NOT</b> performed task	Performed task with direction/assistance	Performed task independently without direction/assistance
1. Provided professional level reference service to California state government officials and employees, and/or the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Delivered high quality customer services to the state government and/or the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Made and/or evaluated purchase recommendations for a library's collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cataloged materials according to established standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helped evaluate and implement electronic systems used by a library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conducted online searches using the Internet or commercial databases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provided training to staff, volunteers or clientele regarding use of a library's services and projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Participated in promotional talks and tours for potential user groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Determined and identified valuable information resources for current and future library projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participated in professional development activities to keep informed of new developments in library science.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Indexed periodicals, newspapers and books using established techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assisted with collection maintenance (e.g., space planning, and workflow).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Archived and preserved special collection materials in a variety of formats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KNOWLEDGE, SKILL, AND ABILITY**

Provide specific information and relevant examples regarding knowledge, skills, and/or abilities from your background as requested below. All information must be accurate, complete and truthful. Please keep in mind that omitted information cannot be assumed when your qualifications are being evaluated. All information is subject to verification. **You must provide one 8 ½ x 11 piece of paper with your responses for each question. Your responses must be typed. Please put your full name on the top right hand corner of each piece of 8 ½ x 11 paper.** Do not include a resume in lieu of answering the following questions.

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1. Describe social and library trends you would use to improve your customer service skills. Indicate your methods of discovering, evaluating and incorporating these trends into your work.
2. Describe the issues involved, the selection resources available, and the collection maintenance challenges for both tangible and electronic formats in a major research library.
3. Describe what you would do if you had a telephone reference request on the line and then a customer walks in, both demanding immediate service.
4. Describe the steps you would take to complete a long-term research project on a topic with which you are not familiar.

**THIS AFFIRMATION MUST BE COMPLETED**

**I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE**

I ALSO UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

I HAVE CHECKED THAT ALL ITEMS HAVE AN ANSWER.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

**- THIS COMPLETES THE LIBRARIAN SUPPLEMENTAL APPLICATION EXAMINATION -**

- √ **RETURN THE COMPLETED SUPPLEMENTAL APPLICATION, STANDARD STATE APPLICATION (STD. FORM 678) AND A CERTIFIED COPY OF YOUR TRANSCRIPTS IN A 9 X 12 ENVELOPE.**
- √ **RESULTS WILL BE MAILED IN APPROXIMATELY 4-6 WEEKS FROM THE DATE WE RECEIVE YOUR COMPLETED EXAMINATION MATERIALS.**