

COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION

APPLICATION SUPPLEMENT NO. 2010-070-1
for
RESIDENTIAL PROGRAM SUPERVISOR
(Local Government)

BE SURE TO READ TEST ANNOUNCEMENT NO. 2010-070 THOROUGHLY BEFORE YOU COMPLETE THIS SUPPLEMENT.

Your completed *Application for Employment/Promotion* will be used to determine if you meet the minimum experience and training requirements. The information you provide in your *Application for Employment/Promotion* and *Application Supplement 2010-070-1* constitutes the examination and will be used to rate and score your qualifications.

This supplement describes the 4 major work behaviors newly appointed Residential Program Supervisors are expected to perform. Work behaviors are activities performed to achieve the objectives of the job. Read each work behavior carefully. Determine which statement below the work behavior most closely represents your highest level of work performance and select the appropriate level which best describes your claim. In order to receive credit for experience, you must have worked in a job for at least **six** months in which the experience claimed was a major function.

Following each work behavior, you must list the employer or training source where you gained your experience. If the information you provide does not support your claim, your level of performance will be revised and you may receive a lower-than-deserved score. Please try to confine your responses to the blank spaces provided; however, if more space is necessary, you may attach additional pages. Each additional page must include your Social Security number. Also, identify the work behavior(s) for which the additional information is provided. **Do not submit resumes in lieu of providing the requested information. Resumes will not be scored.**

After you have finished, read the statement at the end of the supplement, then sign and date the form in the spaces provided. Submit the completed supplement along with your completed *Application for Employment/Promotion*.

WORK BEHAVIOR 1 – SUPERVISES DIRECT SERVICES STAFF

Supervises direct services staff in their work with clients who are living in a variety of community settings. This includes: advising subordinates on supporting clients and dealing with problems; instructing subordinates at orientation and in-service training sessions concerning positive approaches, principles, and methods; approving work schedules; assigning and reviewing work; and completing and signing performance evaluations.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience supervising staff by: assigning and reviewing work; advising subordinates on work-related problems; training subordinates; and completing and signing performance evaluations.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

I have experience guiding and helping less-experienced workers in the performance of their jobs and providing advice in unusual or difficult situations.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

Training:

- I have college or formal training in supervision, performance evaluation, staff development, effective training, or related areas.

No Experience or Training:

- I have no experience or training related to Work Behavior 1.

WORK BEHAVIOR 1 – SUPERVISES DIRECT SERVICES STAFF (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 1. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you selected the "Training" level of performance which included college or formal training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 2 – GATHERS AND REPORTS FACTS

Gathers and reports facts concerning problems with the facility, staff, or clients such as neglect or abuse of clients, criminal behavior, violation of client rights, etc. to a Residential Program Director or designated representative.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience gathering and reporting facts concerning problems of a serious programmatic nature in a group residential setting (e.g. neglect or abuse of clients, criminal behavior, violation of client rights, etc.)

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

I have experience gathering and reporting facts concerning employee fraud, theft, misconduct, or related areas.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

Training:

- I have college or formal training in identifying, investigating, and documenting potential cases of abuse, neglect, violation of individual's rights, etc.

No Experience or Training:

- I have no experience or training related to Work Behavior 2.

WORK BEHAVIOR 2 – GATHERS AND REPORTS FACTS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 2. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you selected the "Training" level of performance which included college or formal training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 3 – INSTRUCTS AND ADVISES CLIENTS AND MONITORS THEIR PROGRESS AND GROWTH

Instructs and advises clients and monitors their progress and growth in achieving personal objectives such as employment, housing, health and medical issues, community values, etc., using assistive technology and total communication when necessary.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience instructing and advising clients concerning housing, recreation, health and medical issues, available social services, community values, personal finances, job-seeking, and related skills needed to interact in the community.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

I have experience instructing clients concerning activities of daily living (eating, dressing, bathing, grooming, meal preparation, shopping, etc.).

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

Training:

- I have college or formal training in counseling, social work, special education, rehabilitation counseling, behavioral sciences, etc.

No Experience or Training:

- I have no experience or training related to Work Behavior 3.

WORK BEHAVIOR 3 – INSTRUCTS AND ADVISES CLIENTS AND MONITORS THEIR PROGRESS AND GROWTH
(CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 3. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you selected the "Training" level of performance which included college or formal training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 4 - REPORTS OBSERVATIONS AND RECOMMENDS SERVICES

Reports observations of clients' behavior and recommends appropriate psychological, social, therapeutic, medical, and related services to facilitate the awareness of and monitoring of clients' progress or status in the achievement of personal objectives. Requests program meetings and meetings with clients and their families when necessary to discuss important personal issues.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience reporting observations of clients' behavior and making recommendations concerning appropriate services for these individuals.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

I have experience documenting observations of clients' status or progress on charts or listing their individual strengths and needs.

- I have performed this work with persons who have mental and/or developmental disabilities.
- I have performed this work with persons who have other needs.

Training:

- I have college or formal training in documenting observations of behavior, developing short and long-term needs, preparing individual program plans, or related areas.

No Experience or Training:

- I have no experience or training related to Work Behavior 4.

WORK BEHAVIOR 4 – REPORTS OBSERVATIONS AND RECOMMENDS SERVICES (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 4. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you selected the "Training" level of performance which included college or formal training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

Social Security Number

I understand this Supplement and all additional sheets constitute part of my Civil Service Application for Employment/Promotion. If requested, I will provide documentation and the names, addresses and phone numbers of persons who can verify the validity of the claims I make in this Supplement and the information reported as part of the Application.

Printed Name of Applicant

Date

Signature of Applicant

() _____
Home Phone Number

Street Address

() _____
Daytime Phone Number

City

State

Zip Code

E-Mail Address