

COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION

APPLICATION SUPPLEMENT NO. 2010-071-1
for
RESIDENTIAL PROGRAM DIRECTOR 1 (L0791)
RESIDENTIAL PROGRAM DIRECTOR 2 (L0792)
RESIDENTIAL PROGRAM DIRECTOR 3 (L0793)
(all are Local Government positions)

BE SURE TO READ TEST ANNOUNCEMENT NO. 2010-071 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 2010-071-1* constitutes the examination and will be used to rate and score your qualifications.

This supplement describes the major work behaviors newly appointed Residential Program Directors 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.**

The specific work behaviors you are to review and complete vary depending on the job title(s) for which you applied.

If you are applying for **Residential Program Director 1** - complete Work Behaviors 1 through 6.

If you are applying for **Residential Program Director 2** - complete Work Behaviors 1 through 6.

If you are applying for **Residential Program Director 3** - complete Work Behaviors 1 through 7.

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 – SUPERVISION

Directs subordinate supervisors and/or 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; 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; observing 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 – SUPERVISION (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 – DIRECT COUNSELING/CASEWORK

Instructs clients and monitors their progress and growth in achieving personal objectives such as employment, housing, health and medical issues, etc.

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, and 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.

I have experience instructing clients concerning activities of daily living (eating, bathing, dressing, grooming, 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 2.

WORK BEHAVIOR 2 – DIRECT COUNSELING/CASEWORK (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 – PROGRAM COORDINATION

Coordinates the delivery of services to clients with other support agencies, e.g. public assistance, child welfare, vocational rehabilitation, sheltered workshops, and other agencies which have a relationship to the individual program plan, in order to facilitate the provision of optimum services.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience coordinating the delivery of services to clients with other support agencies in order to facilitate the provision of optimum services.

- 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 recommending appropriate services for clients to the supervisor or interdisciplinary team.

- 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 social service planning, development of community resources, community organization, interdisciplinary team approaches, and related areas.

No Experience or Training:

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

WORK BEHAVIOR 3 – PROGRAM COORDINATION (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 - IMPLEMENTATION AND MONITORING OF INDIVIDUAL PROGRAM PLANS

Writes, reviews, and monitors individual program or treatment plans (IPP) utilizing input from the interdisciplinary team to describe activities and services designed to support the clients receiving services.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

- I have experience writing entire individual program plans for persons with mental and/or developmental disabilities.
- I have experience recommending portions of the individual program plan to supervisors or the interdisciplinary team.

Training:

- I have college or formal training in preparing individual program plans for persons with mental and/or development disabilities.

No Experience or Training:

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

WORK BEHAVIOR 4 – IMPLEMENTATION AND MONITORING OF INDIVIDUAL PROGRAM PLANS (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

WORK BEHAVIOR 5 – ADVOCACY AND LIAISON ACTIVITIES

Advocates for clients with school districts, employees, landlords, treatment team members, families, medical and health professionals, etc., in order to ensure clients' rights.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience advocating for clients to ensure their rights in the community or in institutions.

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 supporting clients in organized programs to assist them in making the best use of available community resources

or

I have experience making educational presentations to community groups to explain the mission, services, and benefits of community-based residential programs.

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 community organization, development of community resources, social service planning, or related areas.

No Experience or Training:

I have no experience or training related to Work Behavior 5.

WORK BEHAVIOR 5 – ADVOCACY AND LIAISON ACTIVITIES (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 5. 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 6 – REPORTS AND BUDGETS

Prepares statistical reports of financial data; monitors food budgets of residential facilities; maintains receipts of purchases; monitors clients' finances; and controls operation costs of residential facilities.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

- I have experience preparing statistical reports of finances, monitoring client finances, and monitoring and controlling budgets and costs of residential facilities.
- I have experience assisting clients to prepare and follow a personal budget and maintaining records of expenditures in a residential facility.

Training:

- I have college or formal training in bookkeeping, accounting, or related area.

No Experience or Training:

- I have no experience or training related to Work Behavior 6.

WORK BEHAVIOR 6 – REPORTS AND BUDGETS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 6. 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

(APPLICANTS FOR RESIDENTIAL PROGRAM DIRECTOR 3 ONLY COMPLETE THE FOLLOWING)

WORK BEHAVIOR 7 – INVESTIGATIONS AND FINDINGS

Investigates allegations of abuse, neglect, and employee misconduct and submits reports of findings and recommendations and recommends appropriate disciplinary actions.

Levels of Performance

Select the Level of Performance that best describes your claim.

Experience:

I have experience investigating allegations of abuse, neglect, and employee misconduct and submitting reports of findings and recommendations.

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 observing and interviewing clients to identify cases of potential abuse, neglect, or employee misconduct.

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 cases of potential abuse, neglect, or employee misconduct.

No Experience or Training:

I have no experience or training related to Work Behavior 7.

WORK BEHAVIOR 7 – INVESTIGATIONS AND FINDINGS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 7. 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