

SUPPLEMENTAL EXAMINATION - RATING SCALE

CORRECTIONAL COUNSELOR (ENTRY) - #6781

PRINT: _____
Last Name First Name Initial

Social Security Number: _____ - _____ - _____

This supplemental examination form is for use in the evaluation of your prior training and experience in light of several critical job requirements. Candidates must meet the minimum requirements for this position. Your final score however, will be based on the results of this evaluation. Since the evaluation of your training and experience is based entirely on your responses on this form, it is very important that you fill the supplement out completely and accurately. Please read through the instructions and the supplement carefully before you begin.

Information supplied in this supplement is subject to verification. Attempts to falsify or misrepresent such information will disqualify your application and, if hired, may be grounds for dismissal.

I certify that the information on this supplement is true and correct to the best of my knowledge.

Signature

Date

ASSESSMENT OF TRAINING AND EXPERIENCE

Instructions:

This part of your evaluation for the position of Correctional Counselor (Entry) requires you to assess the quality of your training and experience as it relates to several critical knowledge, skills, and abilities (referred to in this evaluation as "traits") of the Correctional Counselor (Entry) job. Your final score in the evaluation will be based on your self-assessments and substantiation of these assessments; therefore be as accurate as possible.

NOTICE:

The State of Oregon reserves the right to recalculate your assessed rating, if the supporting evidence or verification checks do not support that rating.

Carefully review the Training and Experience Assessment Levels chart presented on the next page. You will be using these levels to assess your acquisition and application of the assessed traits in your prior training and experience.

- 4. Evaluated others' behavior and information. 1 2 3 4
- 5. Dealt with persons of varying socioeconomic and racial or cultural backgrounds. 1 2 3 4
- 6. Counseled individuals and groups. 1 2 3 4
- 7. Met deadlines and put work in priority order. 1 2 3 4
- 8. Adjusted program operations to meet changing needs and agency requirements. 1 2 3 4
- 9. Had familiarity with available community and/or institution resources for offenders. 1 2 3 4

B. CORRECTIONS AND THE LEGAL SYSTEM

- 10. Had familiarity with rehabilitative and/or correction institutional settings. 1 2 3 4
- 11. Understood correctional law and constitutional issues. 1 2 3 4
- 12. Had familiarity with procedures for maintaining security. 1 2 3 4
- 13. Reviewed and compared information against established rules. 1 2 3 4
- 14. Gained knowledge of criminal law and/or justice system. 1 2 3 4
- 15. Understood procedures for arrests, investigations, and transportation of offenders. 1 2 3 4
- 16. Responded to emergency situations in a calm manner. 1 2 3 4

C. COMMUNICATION

- 17. Communicated using written and verbal methods. 1 2 3 4
- 18. Communicated one-to-one and with groups. 1 2 3 4
- 19. Exchanged information or professional opinions. 1 2 3 4
- 20. Provided testimony in court. 1 2 3 4

Applicant's Name

Social Security Number

Class Number

Announcement Number

TRAINING AND/OR EXPERIENCE SUPPORTING EVIDENCE
Description of Training/Trait Application/Demonstration

In this section provide specific achievements or accomplishments in your prior work experience or training which substantiate the assessment of your acquisition and application of the traits made in the previous section.

Be sure to describe any training and its applicability to the assessed trait. To receive credit, you must write in the job/education number(s) from your State of Oregon employment application form that describes the training or experience you have in each assessed trait. (The job/education number is the circled number in the left-hand margin of the application.) If you need more space attach additional pages. Be sure to reference any additional pages by identifying the appropriate trait (e.g., Trait 1, Trait 7, etc.).

COMPLETION OF THIS SUPPORTING EVIDENCE SECTION IS MANDATORY. FAILURE TO COMPLETE THIS SECTION WILL RESULT IN THE REJECTION OF YOUR APPLICATION.

Trait 1 JOB # _____

Trait 2 JOB # _____

Trait 3 JOB # _____

Trait 4 JOB # _____

Trait 5 JOB # _____

Trait 6 JOB # _____

Trait 7 JOB # _____

Trait 8 JOB # _____

Trait 9 JOB # _____

Trait 10 JOB # _____

Trait 11 JOB # _____

Trait 12 JOB # _____

Trait 13 JOB # _____

Trait 14 JOB # _____

Trait 15 JOB # _____

Trait 16 JOB # _____

Trait 17 JOB # _____

Trait 18 JOB # _____

Trait 19 JOB # _____

Trait 20 JOB # _____
