

EXAM SECURITY AGREEMENT

Name _____

Department or Agency _____

Work Location _____

Test Title (if applicable) _____

In the course of my work assignments, I have access to confidential examination information including but not limited to, examination questions, answers to examination questions, scoring guides and benchmarks for scoring responses to examination questions, examination plans, examination development resource materials and verbal information on the content or planned content of civil service examinations.

I understand that the above-listed documents and information, as well as other information to which I have access, is special or confidential information within the meaning of § 230.43, Wis. Stats. I agree to keep this information confidential and not to copy the materials, discuss them with anyone not specifically authorized by the Human Resources Specialist, Manager, or Representative, or allow any unauthorized person access to them. Disclosing information to unauthorized persons is a violation of § 230.43, Wis. Stats. This violation is a misdemeanor punishable by a fine of not less than \$50 nor more than \$1,000 or by imprisonment for not more than one year in the county jail or both.

I also recognize my continuing obligation to exercise all reasonable precautions to preserve the security of examination materials in my custody and to comply with the meaning and intent of § 230.16(10), Stats.

By signing below, I acknowledge that failure to adhere to the requirements set forth in this statement would be a violation both to the public trust and as a condition of my continued employment with the State of Wisconsin.

Signature

Date

Note: Please keep a copy of this signed document. Submit the original to the **Human Resource Office** or to:

OSER/DMRS
Exam Administration Specialist
101 E. Wilson Street, 4th Floor
P.O. Box 7855
Madison, WI 53707-7855

(Complete Other Side if You are Creating or Evaluating an Exam)

JOB EXPERT CERTIFICATE

Name of Evaluator/Rater _____

Title of Evaluator/Rater _____

Address of Evaluator/Rater _____

Civil Service Title of Position Being Evaluated/Rated _____



Are you qualified to participate in this aspect of the selection process for this position or classification? Initial below all that apply.

- I am the immediate supervisor of persons employed in this position or classification.
- I have performed all or most of the duties of this position or classification. (List where you performed these duties, your title, and dates.)

- I was directly involved in the development of the position description or the job analysis (e.g., I helped define the duties and responsibilities of this position or classification).
- I currently hold, or have held in the past, a position closely related to this classification that is at the same pay range or higher.
- Other (please explain) _____



Read the following questions and initial only those statements that apply to this situation. Please sign below.

1. Are you reviewing exam materials as part of the exam development process?
 I reviewed or will review the position description, exam dimensions, and other applicable examination materials.
 I reviewed the job dimensions for this position and the examination, and I certify that the examination is representative, necessary, and is appropriate for this position or level.
2. Are you a rating panel member? Please review the list of candidate's names.
 I reviewed the names of candidates whom I have been asked to rate for this part of the examination process. I am either not acquainted with any of the candidates, or my acquaintance with one or more candidates whom I will rate will not affect my ability to provide objective ratings. The names of any candidates whom I will not rate are listed below or indicated on the attached sheet.

Signature

Date

(Complete Other Side)