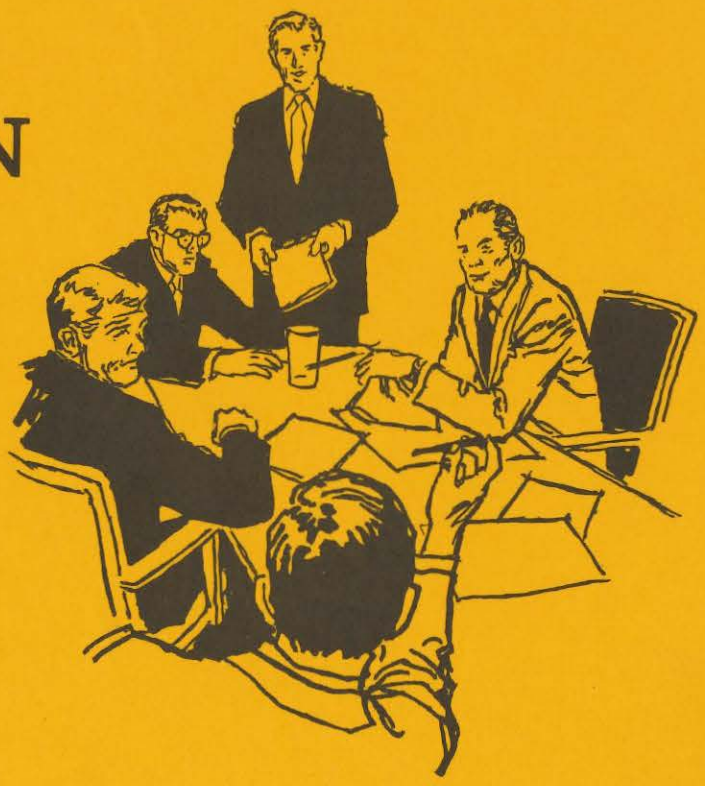
IOWA MERIT SYSTEM HANDBOOK for SELECTION DEVICE

VALIDATION and CONSTRUCTION



Prepared by
The Examination Section
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Iowa Merit Employment Department

This procedure was developed through the cooperative efforts of:

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Special thanks is extended to Dr. Jack Menne, Associate Professor of Psychology, Iowa State University, consultant to the Iowa Merit Employment Department selection program.

IOWA MERIT EMPLOYMENT DEPARTMENT
GRIMES STATE OFFICE BUILDING EAST FOURTEENTH & GRAND DES MOINES, IOWA 50319

Dear Consultant:

On behalf of the Iowa Merit Employment Department, I wish to thank you for your cooperation and assistance in rating the content of this selection device.

State agencies and the public they serve derive a major benefit from a valid selection device because the more valid the selection device the greater the probability of selecting the best applicant to fill the job. Therefore, it is essential that we rely on you, an expert in the field, to provide the in-depth, specific information necessary to improve the selection process. The following forms are designed to help you provide the information necessary for the development and/or validation of the selection device for this class.

We sincerely appreciate your participation.

Very truly yours,

W. L. Keating

W. L. Keating, Director
IOWA MERIT EMPLOYMENT DEPARTMENT

CONTENT VALIDATION OF SELECTION DEVICES

BACKGROUND INFORMATION

Please record the following: (use a pencil to make responses on this and following pages)

1) Selection device you are rating _____

_____

2) Today's date _____

3) Your name _____

4) Your current classification _____

5) Your agency _____

6) What is your educational background? (Fill in an "X", a specific number of semester hours, or months in the blank preceding the educational background statement that is closest to your own. Complete any blanks following that statement with the appropriate information.)

a) ___Less than high school graduation. ___th grade.

b) ___High school graduation or G.E.D. equivalent.

c) ___Months of vocational, apprenticeship, technical, military, or business school training in

_____

d) ___Semester hours college coursework with an emphasis in _____

e) ___Completion of a diploma or certification program in _____

f) ___Bachelor's or equivalent degree in _____

_____

g) ___Semester hours graduate coursework in _____

_____

h) ___Master's or equivalent degree in _____

_____

i) ___Semester hours postgraduate coursework in

_____

j) ___Doctor's or equivalent degree in _____

_____

k) ___Semester hours postdoctoral coursework in

_____

l) ___Registration, certification, or licensure as a/an

_____

7) Please describe the different kinds, levels, and lengths of your employment experience that have contributed to your knowledge of the job for which this selection device is being validated. Start with your most recent experience.

a) Job title _____

Dates of employment From Mo. ____ Year ____

To Mo. ____ Year ____

Total Years ____ Mos. ____

Description of Duties and Responsibilities

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b) Job title _____

Dates of employment From Mo. ____ Year ____

To Mo. ____ Year ____

Total Years ____ Mos. ____

Description of Duties and Responsibilities

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(use back side if necessary)

c) Job title _____

Dates of Employment From Mo. ___ Year ___
To Mo. ___ Year ___
Total Years ___ Mos. ___

Description of Duties and Responsibilities

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d) Job title _____

Dates of Employment From Mo. ___ Year ___
To Mo. ___ Year ___
Total Years ___ Mos. ___

Description of Duties and Responsibilities

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(use back side if necessary)

e) Job title _____

Dates of Employment From Mo. ___Year___
To Mo. ___Year___
Total Years ___Mos.___

Description of Duties and Responsibilities

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8) Please describe any additional background (in-service training, hobbies, correspondence school, seminars, volunteer work, workshops, or otherwise) that has expanded your knowledge of the job for which this selection device is being validated.

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(use back side if necessary)

KNOWLEDGES, ABILITIES, AND SKILLS RATING INSTRUCTIONS

Please direct your attention to the class specification, specifically the section entitled KNOWLEDGES, ABILITIES, AND SKILLS (KAS's).

Knowledges, abilities, and skills indicate what a worker needs to perform the job. These may be acquired through prior education, experience, or otherwise, and are the bases from which the items comprising the selection device are developed. Consequently, we must first be certain that the KAS's are accurate.

Based upon your knowledge of the job, use the KAS Rating Scale below to rate each Knowledge, Ability, and Skill. Record the KAS Reference Code and then indicate by marking the appropriate box on the KAS Rating Form whether the Knowledge, Ability, or Skill is:

1. UNNECESSARY: not required to perform any aspect of the job.

2. DESIRABLE: not required, but if present is likely to contribute to superior performance and/or advancement potential.

3. NECESSARY: required in order to adequately perform basic job duties, including occasional duties that are critical.

When you have finished reviewing the KNOWLEDGES, ABILITIES, AND SKILLS section please record on the KAS Comments Sheet any additions or revisions to the knowledges, abilities, or skills that you feel are necessary or desirable for performance in this class. Additions should be numbered consecutively to follow those in the specification. For each knowledge, ability, or skill that you add, please indicate also whether it belongs in category "2" or "3".

KAS RATING SCALE

1. UNNECESSARY: not required to perform any aspect of the job.

2. DESIRABLE: not required, but if present is likely to contribute to superior performance and/or advancement potential.

3. NECESSARY: required in order to adequately perform basic job duties, including occasional duties that are critical.

GENERAL COMMENTS INSTRUCTIONS

The General Comments Sheet is to be used to record your thoughts about the screening device, other suggestions for improvements, etc. Most selection devices cover several different elements of one job. Are there too many items relating to one Knowledge, Ability, or Skill and not enough covering other necessary or desirable ones? Are there knowledges, abilities, or skills in the job that should be tested, but nothing specifically relating to them in the selection device? Please use the General Comments Sheet and additional sheets if necessary to tell us what you think.

Later, after the ratings of this selection device have been compiled and analyzed, another meeting will be held to discuss the ratings as well as the comments that you have made. Between now and then we ask that you give some thought to how this selection device might be improved. Also, you might like to submit several items that would be appropriately difficult and related to this class. Remember, good job-related selection devices will result in getting the best job-ready applicants on the register. Your assistance in this portion of the selection device validation process will help in getting closer to that goal.

Thank you.

GENERAL COMMENTS SHEET

CLASS TITLE _____

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(use back side if necessary)

ITEM RATING FORM

CLASS TITLE____________________________

Item #	KAS Ref. Code	Item Rating				Item #	KAS Ref. Code	Item Rating				Item #	KAS Ref. Code	Item Rating			
		1	2	3	4			1	2	3	4			1	2	3	4
1						26						51					
2						27						52					
3						28						53					
4						29						54					
5						30						55					
6						31						56					
7						32						57					
8						33						58					
9						34						59					
10						35						60					
11						36						61					
12						37						62					
13						38						63					
14						39						64					
15						40						65					
16						41						66					
17						42						67					
18						43						68					
19						44						69					
20						45						70					
21						46						71					
22						47						72					
23						48						73					
24						49						74					
25						50						75					

ITEM COMMENTS SHEET

Class Title____________________________

This sheet has been included for your use in recording any comments or suggestions you might have for adding, deleting, or revising any items in the selection device you are rating.

Item #	Item Rating	COMMENTS AND SUGGESTIONS

(use back side if necessary)

ITEM COMMENTS SHEET

Class Title_____

This sheet has been included for your use in recording any comments or suggestions you might have for adding, deleting, or revising any items in the selection device you are rating.

Item #	Item Rating	COMMENTS AND SUGGESTIONS

Item Rating Scale

1. POOR; unrelated to any knowledge, ability or skill.

2. FAIR; related to ___(record the appropriate Knowledge, Ability, or Skill Reference Code on the Item Rating Form), but not likely to make significant distinctions between levels of competence.

3. GOOD; related to ___(record the appropriate Knowledge, Ability, or Skill Reference Code on the Item Rating Form), and likely to make significant distinctions between adequate and inadequate levels of competence.

4. SUPERIOR; related to ___(record the appropriate Knowledge, Ability, or Skill Reference Code on the Item Rating Form), and likely to make significant distinctions between adequate and superior levels of competence.

ITEM RATING FORM

CLASS TITLE________________________

Item #	KAS Ref. Code	Item Rating				Item #	KAS Ref. Code	Item Rating				Item #	KAS Ref. Code	Item Rating			
		1	2	3	4			1	2	3	4			1	2	3	4
1						26						51					
2						27						52					
3						28						53					
4						29						54					
5						30						55					
6						31						56					
7						32						57					
8						33						58					
9						34						59					
10						35						60					
11						36						61					
12						37						62					
13						38						63					
14						39						64					
15						40						65					
16						41						66					
17						42						67					
18						43						68					
19						44						69					
20						45						70					
21						46						71					
22						47						72					
23						48						73					
24						49						74					
25						50						75					

ITEM COMMENTS SHEET

Class Title________________________

This sheet has been included for your use in recording any comments or suggestions you might have for adding, deleting, or revising any items in the selection device you are rating.

Item #	Item Rating	COMMENTS AND SUGGESTIONS

(use back side if necessary)