SUPPLEMENTAL APPLICATION	
SOCIAL WORKER SUPERVISOR II **INYO COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**	
Name:	**APPLICATION DEADLINE: 2-20-09**
Address:	**Send this and all application material to:** **MERIT SYSTEM SERVICES** 241 Lathrop Way Sacramento, CA 95815
Phone:	

Do you have an MSW? If yes, you do NOT need to complete the remainder of the form.	_ Yes _ No
Are you an MFT or do you have an MFT intern number? If yes, please enter your MFT or MFT intern number _____ If no, please complete the remainder of the form.	_ Yes _ No

Name of school where Master's degree was obtained	
Total number of units required for degree:	_ Quarter _ Semester
Have you completed a field placement or internship as part of your Master's program? (If yes, respond to the questions below.)	_ Yes _ No

Please respond to the following questions by writing your narrative responses on the back of this form or on a separate sheet attached to this form:

A.	**Where did you complete your field placement? (Identify the name, nature, and mission of the agency, i.e., public agency, private, type of clients served, et cetera.)**	
B.	**Was this a closely supervised placement? If yes, attach a description of the method and frequency of supervision.**	_ YES _ NO
C.	**How was your field placement evaluated and by whom? (Name and title of person who performed your evaluation)**	
D.	**Length of field placement?**	**From:** Month _____/Year _____ **To:** Month _____/Year _____ **Hours per week** _____ **Total hours in this placement** _____
E.	**Did this placement include working with a caseload? If yes, provide a description of your responsibilities.**	_ YES _ NO
F.	**Did this placement include family or child counseling? If yes, provide a description of your responsibilities.**	_ YES _ NO
G.	**Did this placement involve working with child protective services or abused/neglected children? If yes, provide a description of your responsibilities.**	_ YES _ NO
H.	**Did this placement include work with court responsibilities? If yes, provide a description of your responsibilities.**	_ YES _ NO

Candidate's Signature:	**Date:**