| SUPPLEMENTAL APPLICATION | |
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| **SOCIAL WORKER SUPERVISOR II**<br>**SIERRA COUNTY DEPARTMENT OF SOCIAL SERVICES** | |
| **Name:** | **APPLICATION DEADLINE: 2/13/09** |
| **Address:** | **Send this and all application material to:**<br>**MERIT SYSTEM SERVICES**<br>241 Lathrop Way<br>Sacramento, CA 95815 |
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| **Phone:** | |

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| **Do you have an MSW?**<br>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 _____<br><br>If no, please complete the remainder of the form. | _ Yes _ No |

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| **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:**

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| **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 _____<br>**To:** Month _____/Year _____<br><br>**Hours per week** _____<br>**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 |

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| **Candidate's Signature:** | **Date:** |