

**SUPPLEMENTAL QUESTIONNAIRE**

**SOCIAL WORKER II and III  
SIERRA COUNTY DEPARTMENT OF SOCIAL SERVICES**

|                           |   |
|---------------------------|---|
| <b>Name:</b>              | <b>Application Deadline: 11/20/09</b><br><br>Send this and all application materials to:<br><br><b>MERIT SYSTEM SERVICES</b><br>241 Lathrop Way<br>Sacramento, CA 95815 |
| <b>Address:</b>           |   |
|                           |   |
| <b>Daytime Telephone:</b> |   |

I am or have been a Social Worker in a California County Department of Social Services.

YES       NO

If your answer to the above question was no, please complete the rest of the questionnaire.

Your responses to this supplemental questionnaire are an integral part of your examination. Your responses will be reviewed and evaluated based on the job requirements. Applicants with the most relevant experience will be invited to the examination. Your responses may be considered as part of the Oral Examination. It is important that your responses be as complete and detailed as possible.

**FAILURE TO RESPOND TO THIS SUPPLEMENTAL QUESTIONNAIRE AND SUBMIT YOUR RESPONSES TO MERIT SYSTEM SERVICES BY THE FINAL FILING DATE WILL ELIMINATE YOU FROM THE EXAMINATION.**

The information you provide on the next page is the most important part of this questionnaire! Briefly and accurately number and describe your essential job functions in terms that anyone reviewing this form will be able to understand. Avoid abbreviated, vague, or abstract words, such as "assists," "handles," "keeps," or "prepares," unless you describe how you assist, what you prepare, etc. Be specific.

*For example:*

**DO THIS!**

- Meets with families to assess their risks initially and on an on-going basis.
- Conducts assessments of potential foster homes and families, including relative and non-relative family member homes.
- Conducts initial in-home assessments of the aged and disabled to determine if they qualify for assistance.

**DON'T DO THIS**

- Meets with families.
- Performs case management.
- Conducts in-home assessments.

**SUPPLEMENTAL QUESTIONNAIRE (Page 2)**

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Provide a description of your social work case management experience in the following areas using the guidelines on the previous page. Please provide as much detail as possible. If an area does not apply to your previous experience, please indicate that this section is not applicable by writing N/A. Please write your responses on 8 ½ X 11 paper, reference your responses to the appropriate questions, and attach them to this cover sheet.

- a. Adoptions
- b. Family Maintenance
- c. Family Reunification
- d. Foster Care
- e. In-Home Supportive Services
- f. Independent Living Program
- g. Linkages Program
- h. Multi-Purpose Senior Services Program
- i. Protective Services
- j. Other

