

SUPPLEMENTAL APPLICATION

**SOCIAL WORKER SUPERVISOR II
SIERRA COUNTY DEPARTMENT OF SOCIAL SERVICES**

Name:	APPLICATION DEADLINE: 12/11/09 Send this and all application material to: MERIT SYSTEM SERVICES 241 Lathrop Way Sacramento, CA 95815
Address:	
Phone:	

Do you have an MSW? If yes, you do NOT need to complete the remainder of the form.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of school where Master's degree was obtained	
Total number of units required for degree:	<input type="checkbox"/> Quarter <input type="checkbox"/> Semester
Have you completed a field placement or internship as part of your Master's program? (If yes, respond to the questions below.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
F.	Did this placement include family or child counseling? If yes, provide a description of your responsibilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO
G.	Did this placement involve working with child protective services or abused/neglected children? If yes, provide a description of your responsibilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO
H.	Did this placement include work with court responsibilities? If yes, provide a description of your responsibilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Candidate's Signature:	Date:
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