

Name: _____

SUPPLEMENTAL FORM FOR SOCIAL WORKERS

In order to evaluate your qualifications for Social Worker positions, you must complete this four-page form and submit it in addition to your application.

Complete a SEPARATE FORM for EACH PERIOD of employment as a professional Social Worker. Be sure to complete A SEPARATE FORM FOR EACH CHANGE IN TITLE, PROMOTION OR IF YOU DUTIES CHANGED SIGNIFICANTLY. You may duplicate this form or attach plain sheets of paper for each additional position.

PREFERENCE/WORK INTEREST

Please check appropriate area(s) for HEALTH SERVICES:

_____ Medical
_____ Psychiatric

1. Name of Employer: _____

2. Complete Dates of Employment: From: _____ To: _____
month/year month/year

3. Average Number of Hours Worked Per Week: _____

4. Title of Your Position: _____

5. Date Employed in this Position: From: _____ To: _____
month/year month/year

6. Provide a **detailed** description of this agency's program, its goals, objective(s), and the type(s) of clientele serviced. Specifically, describe the population(s) that you work(ed) with and its (their) presenting problems, and the average number of clients in your caseload per month. NOTE: In addition, you may submit information (e.g., brochure or documentation) further clarifying/describing this agency's goals, objectives, and background history.

9. Did you perform the duties described above independently?
YES _____ NO _____

10. Did you receive supervision from a higher level professional Social Worker?
YES _____ NO _____

Describe the kind of supervision you received in this position (e.g., was your supervision frequent and direct, occasional, general, etc?) Please explain.

11. Provide the name and education and/or experience qualifications of your immediate supervisor.

Name: _____

Education: _____

Experience: _____

12. Did you provide supervision to others? YES _____ NO _____

If "YES", provide a detailed description of your supervisory duties and responsibilities (including the number and titles of those you supervised, the duties they performed, and the area of their responsibility, as distinguished from your duties and responsibilities).

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I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____

Date: _____