ADVICE NURSE 2013
SUPPLEMENTAL QUESTIONNAIRE

_____ _____

Please Print Name **Social Security Number (LAST 4 DIGITS)**

In order to be scored and ranked on the eligible list for the classification of Advice Nurse, applicants must complete and provide the information requested below. Your responses to the questions will be used to evaluate your relevant education, training, and/or experience. You will receive a score of 70% for meeting the minimum qualifications. Additional points will be awarded to candidates who possess job-related education, training, and/or experience beyond the minimum qualifications. If this questionnaire is not thoroughly completed, the Committee may not be able to assign you a score or you may be assigned a score that is not reflective of your overall qualifications. DO NOT answer any of the questions by indicating, "see attached resume". Although you may submit a resume or additional information, such items may not be substituted for the information requested in this questionnaire.

NOTE: A completed questionnaire must be submitted at the time of application. All documents can either be faxed to (925) 957-5260 or sent to Health Services Personnel Department, 1320 Arnold Drive, Suite 261, Martinez, CA 94553 . Please include your name and 'ADVICE NURSE' on all documents.

1) **TYPES OF EMPLOYMENT:** Please indicate the types of employment you desire. Your name will be referred only for the types of employment you check.

_____ **PERMANENT FULL-TIME POSITION:** Regularly scheduled 40 hours per week, full fringe benefits.

_____ **PERMANENT PART-TIME POSITION:** Regularly scheduled less than 40 hours per week; prorated vacation and sick leave; medical benefits on a shared cost basis if position is 16 hours or more per week. Retirement on a shared cost basis if position is 20 hours or more per week.

_____ **PERMANENT INTERMITTENT:** Irregular, unscheduled employment on an on-call basis; paid hourly; must be available to work every other weekend; scheduled for one major and three minor holidays; prorated vacation and sick leave.

_____ **LIMITED TERM-TEMPORARY:** A limited period of time; paid on an hourly basis.

2) **SHIFT AVAILABILITY:**

Days _____ P.M. _____ Nights _____ All _____

3) **CERTIFICATE:** Do you possess Telephone a Triage Nurse Certification?

Yes _____ No _____

4) **EXPERIENCE:** As a RN, have you had any experience in the following areas? If yes, please indicate the **number of months, facility name and dates of service, and the hours worked** per week. Attach additional sheets if necessary.

a. _____ months as a **Telephone Triage Nurse**
Facility Name: _____
Dates of Service: _____Hours per week: _____

b. _____ months in **Medical/Surgical Unit**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

c. _____ months in **Labor and Delivery Unit**
Facility Name: _____
Dates of Service: _____Hours per week: _____

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d. _____ months in **Post Partum Unit**
Facility Name: _____
Dates of Service: _____Hours per week: _____

e. _____ months in **Pediatrics Unit**
Facility Name: _____
Dates of Service: _____Hours per week: _____

f. _____ months in **Intensive Care Unit**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

g. _____ months in **Critical Care Unit**
Facility Name: _____
Dates of Service: _____Hours per week: _____

h. _____ months in **Emergency Department**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

i. _____ months in a **Surgery Center**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

j. _____ months in **Urgent Care Facility**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

k. _____ months in **Maternal Child Health**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

l. _____ months in **Home Health**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

m. _____ months in **Public Health Setting**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

n. _____ months in **Nursing Case Management**
Facility Name: _____
Dates of service: _____ Hours per Week: _____

5) Have you ever been convicted of a federal crime, as defined in 42 U.S.C. Section 1320a-7(i), or been subject to an exclusion action? Yes _____ No _____

If yes, please explain: _____

_____

(Convictions are not an absolute bar to employment. Each case will be evaluated on its own merits.)

6) By signing, I attest that the above information is accurate and truthful to the best of my knowledge.

_____ _____

Signature Date