SUPPLEMENTAL QUESTIONNAIRE
MENTAL HEALTH CLINICAL SPECIALIST

_____ _____

Please Print Name **Social Security Number**

In order to apply for the classification of Mental Health Clinical Specialist, applicants must complete an official Contra Costa County employment application and provide the information requested below. Your responses to the questions below will be used to evaluate your education, training, and/or experience as it relates to the position of Mental Health Clinical Specialist. 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, we may not be able to assign you a score or you may be assigned a score that is not reflective of your overall qualifications.

1. LICENSED

Please check appropriate box below:

- ❑ Licensed Clinical Social Worker
- ❑ Licensed Marriage and Family Therapist
- ❑ Licensed Psychologist

License No. _____ Date Issued: _____

2. LICENSE ELIGIBLE

Please check appropriate box below:

- ❑ Associate Clinical Social Worker
- ❑ Marriage and Family Therapist-Intern
- ❑ Ph.D. in _____ Date Received: _____

Registration No. _____ Date Issued: _____
(if ACSW or MFT-I)

3. EXPERIENCE

Additional points are provided based upon your experience in each of the following areas acquired postgraduate: inpatient psychiatric setting, psychiatric emergency services, outpatient mental health, mental health residential setting, mental health detention facility. Please detail your experience below, and indicate the population you served, i.e. children, adults, geriatric clients, dually diagnosed clients.

Name of employer: _____

Address of employer: _____

Job Title: _____

Dates employed: From _____ To _____ Hours worked per week: _____

Description of Duties Performed:

_____

_____

_____

_____

_____

(PLEASE COMPLETE BOTH SIDES)

Name of employer: _____

Address of employer: _____

Job Title: _____

Dates employed: From _____ To _____ Hours worked per week: _____

Description of Duties Performed:

_____

_____

_____

_____

_____

Name of employer: _____

Address of employer: _____

Job Title: _____

Dates employed: From _____ To _____ Hours worked per week: _____

Description of Duties Performed:

_____

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_____

Name of employer: _____

Address of employer: _____

Job Title: _____

Dates employed: From _____ To _____ Hours worked per week: _____

Description of Duties Performed:

_____

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_____ _____

Signature of Applicant Date

Attach additional sheets if necessary