OCCUPATIONAL THERAPIST II
SUPPLEMENTAL QUESTIONNAIRE

_____ _____
Please Print Name Social Security Number

The answers to the questions below will be used to evaluate your education, training, and/or experience as it relates to the position of Occupational Therapist II. You will receive a rating 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.

1. Have you ever performed the duties of a California Licensed Occupational Therapist?

   Yes _____ No _____ If yes, how long? _____ year(s) _____ month(s)

2. Have you pursued continuing education courses related to your therapy discipline? Yes _____ No _____

   If yes, please list no more than five courses below:

   (a) _____ (d) _____
   (b) _____ (e) _____
   (c) _____

3. As an Occupational Therapist, have you had more than six months experience in the following patient care therapy services?

   (a) Dressing training (including specialized techniques)? Yes _____ No _____
   (b) Train patients in transfer and mobility techniques? Yes _____ No _____
   (c) Feeding training (including evaluation of oral functioning and self-feeding skills? Yes _____ No _____
   (d) Treat patient with problems in swallowing, lip control, breath control and proper body position? Yes _____ No _____
   (e) Instruct patients in hygiene and grooming to include specific self-care techniques for bathing, oral hygiene, shaving, hair care and skin care? Yes _____ No _____
   (f) Provide training to patients in use of sliding boards, tub seats, shower chairs, raised toilet seats, toilet rails, commodes and lifts? Yes _____ No _____
   (g) Fit patients for wheelchairs? Yes _____ No _____
   (h) Instruct patients in homemaking, group living, and community skills? Yes _____ No _____
   (i) Train patients in energy conservation and work simplification techniques? Yes _____ No _____
   (j) Provide to patients graded activities/exercise to improve coordination/ strength? Yes _____ No _____

4. As a Registered Occupational Therapist, have you carried out evaluations of the following?

   (a) Evaluate adaptive/assistive equipment to facilitate positioning, for general function or specific problems? Yes _____ No _____
   (b) Evaluate for design, fabricate, and/or fit splints? Yes _____ No _____
   (c) Evaluate motor maturation level and treat underlying problems associated therewith? Yes _____ No _____

5. As a Registered Occupational Therapist, have you ever provided education services relevant to occupational therapy to families in the areas of adaptive equipment, transfer techniques, clothing selection, dressing techniques, and feeding status?

   Yes _____ No _____

6. As a Registered Occupational Therapist, have you ever coordinated therapy services with physical therapists, speech therapists, and nursing staff?

   Yes _____ No _____

7. Please give the name, address, and phone number of persons who may be contacted to verify the above information.

   _____
   _____
   _____

8. 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.)

9. I certify that the above information is true, complete and correct to the best of my knowledge.

_____ _____
Date Signature of Applicant

(PLEASE COMPLETE REVERSE)

OCCUPATIONALTHERAPIST/PHYSICALTHERAPIST
EMPLOYMENT AVAILABILITY FORM

Name _____
Address _____
_____

Social Security Number _____
Home Phone ( ) _____
Business Phone ( ) _____
Message Phone ( ) _____

Your name will be ranked on the employment list by a score based on relevant education, training and/or experience. Your name is referred for final selection interviews according to your score, availability and areas of interest. Please mark the line or lines next to the type of employment your desire. Your name will be referred only in those areas you check.

1. TYPES OF EMPLOYMENT:

_____ 1. PERMANENT FULL-TIME POSITION: Regularly scheduled 40 hours per week, full fringe benefits.

_____ 2. PERMANENT PART-TIME POSITION: Regularly scheduled less than 40 hours per week; prorated vacation, sick leave; eligible for medical/dental benefits; retirement plan.

_____ 3. PERMANENT INTERMITTENT: Irregular, unscheduled employment on an on-call or per diem basis, paid hourly; must be available to work every other weekend; scheduled for one major and three minor holidays. Prorated vacation and sick leave; medical coverage available wholly at employee's expense.

_____ 4. LIMITED TERM – TEMPORARY EMPLOYMENT: A limited period of time, paid on an hourly basis, eligible for paid time off if assignment exceeds one year (2080 hours).

2. ASSIGNMENT PREFERENCE:

_____ California Children Services

_____ Rehabilitation Therapy – Hospital

If you have not had an opportunity to speak with a Program Manager for the above assignments, please feel free to contact them. They will be able to give you an overview of their respective program and advise you of current vacancies.

California Children Services	Barbara Sheehy at 925/313-6141
Rehabilitation Therapy – Hospital	Karen Lloyd at 925/370-5753

3. Date you will be available for work: _____

_____
Signature of Applicant

_____
Date