

NAME (Please print legibly)

SUPPLEMENTAL APPLICATION FORM (SAF)
ELIGIBILITY SUPERVISOR
Health and Human Services

DEPARTMENT PROMOTIONAL OPPORTUNITY

INSTRUCTIONS: Each candidate must complete this supplemental application form as part of the application and examination process. **Initial evaluation of your qualifications for this position will be determined by your responses to these questions. As your supplemental questions may be reviewed by individuals not privy to your employment history, fully answer the questions below - responses should be complete and specific.** Resumes may not provide sufficient response to these specific questions to adequately evaluate your qualifications. Clarity, conciseness and completeness of answers are also factors considered in the selection process. Address each question separately. **Type or write legibly in black ink.** Number and print your name at the top of each page submitted. On narrative questions, limit your response to no more than one page per question unless additional instructions indicate a different limit in your response(s).

PLEASE NOTE: If you are submitting this supplemental application form in person, via fax or mail, the document cover sheet in your application packet must accompany this document. You may obtain additional document cover sheets from the Human Resources Department or online by downloading an application.

Please indicate which Eligibility Supervisor assignments you would be interested in (check all that apply):

Training & Staff Development Continuing Eligibility General Assistance

QUALIFYING EXPERIENCE/EDUCATION:

1. If you are qualifying for this position with one year of experience comparable to Eligibility Worker III, describe your work experience and include your work with multiple public assistance programs in C-IV, ISAWS or other Statewide Automated Welfare System.
2. If you are qualifying for this position with two years of experience comparable to Eligibility Worker II, describe your work experience and include your work with multiple public assistance programs in C-IV, ISAWS or other Statewide Automated Welfare System.

NARRATIVE QUESTIONS (Please answer all questions below):

3. Choose an entitlement program e.g., Medi-Cal, Food Stamps and CalWORKs, and make recommendations as to how the program can be simplified.
4. Describe your experience in developing and maintaining successful relationships with:
 - Co-workers, program staff, unit
 - Other county departments
 - Community-based organizations

I hereby certify that my answers to the questions on this application are complete and true to the best of my knowledge. I agree and understand that any misstatement of material fact contained in this application will cause me to forfeit all rights to employment with Marin County.

F:\RECRUIT\JA\HHS\1381saf1104.doc\VM

Applicant's Signature

Date