
Name (Please print legibly)

SUPPLEMENTAL APPLICATION FORM (SAF)
MENTAL HEALTH REGISTERED NURSE
PART TIME – Per Diem / Extra Hire
Psychiatric Emergency Services

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. It is in your best interest to fully answer these questions; 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.

QUALIFYING EXPERIENCE/EDUCATION:

1. Describe your equivalent to two years of professional nursing experience that includes at least one year in a mental health setting.

2. Do you possess a valid California Registered Nursing license?*

Yes No

3. Do you possess a current CPR certificate, at least at the level of BLS for Healthcare Provider?*

Yes No

*** If yes to the above noted responses, please bring copies of your current license(s) or certificate(s) to the Selection Interview.**

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.

Applicant's Signature

Date