Supplemental Questionnaire
for

NURSING SERVICES COORDINATOR - aDDAPT

Please read through the instructions and the questionnaire carefully before you fill it out. It is very important that you answer the questions as completely and accurately as possible.

INSTRUCTIONS

The Utah County Personnel Office appreciates your interest in this position. Since this questionnaire is an important part of the selection process for this position, **it must be fully completed.** It has been prepared to give applicants the same opportunity to fully explain their background as it relates to this position. In this questionnaire you will be asked to describe your past experience in performing certain duties. **Do not substitute your resume or any other material for a response to the questions contained in this questionnaire.** ***Any work experience listed on this supplemental questionnaire must be indicated on your application***. We are only interested in your past experience, not in titles of positions you have held, or in your belief that you could do the job if given the chance. Please follow the instructions carefully for each question. Please write clearly.

The information you provide will be evaluated to determine your eligibility for further consideration.

Please type or use black ink (for reproduction purposes). Please attach additional pages using the same format when more space is needed. Please submit all application materials to Utah County Personnel Office, 100 East Center, Suite 3800, Provo, Utah, 84606.

_____ _____
Name (please print) Date

Job Announcement Posting # _____

Last four numbers of Social Security #: X X X - X X - ___ ___ ___ ___

PLEASE READ CAREFULLY BEFORE SIGNING: The answers to the following questions are true and complete to the best of my knowledge. I understand that falsification of information may result in my disqualification or removal from a County position.

Signature: _____ Date: _____

Please answer the questions as completely as you can. Remember, we are interested in a description of your past experience and not in the titles of positions you have held. Identify your employer(s) for all the experience you describe.

Please describe in detail the length and scope of your experience in the following areas:

1. What has been your experience in a supervisory or lead position? Please include your experience in assigning and evaluating work.

Number of months in this function:_____ full time part time

2. Please describe your experience in conducting nursing assessment of social detox/residential clients.

Number of months in this function:_____ full time part time

3. Please describe the essential elements of a health education curriculum for persons with addictions.

4. What is the CIWA and how is it used?

5. Please list common medications used for psychiatric disorders, detoxification from alcohol and other drugs, and substance use disorders including Heroin addiction.