CEREBRAL PALSY THERAPIST (PHYSICAL)

LAST DAY FOR FILING

Apply immediately - exam may close at any time.

<u>A properly completed Supplemental Questionnaire must be submitted with each application</u>. Failure to submit the Supplemental Questionnaire or submission of a Supplemental Questionnaire that is incomplete will result in disqualification.

QUALIFIED BILINGUAL PERSONS WHO SPEAK SPANISH, CHINESE, VIETNAMESE, CAMBODIAN, LAOTIAN, KOREAN, TAGALOG, AMHARIC, FARSI, TIGRIGNA, RUSSIAN, ROMANIAN OR SIGN LANGUAGE ARE ESPECIALLY ENCOURAGED TO APPLY. THERE IS AN ADDITIONAL BI-WEEKLY COMPENSATION FOR PERSONS IN POSITIONS DESIGNATED BILINGUAL. *Qualified candidates may be tested to demonstrate language proficiency.*

<u>THE POSITION(S)</u>: Cerebral Palsy Therapists (Physical) provide physical therapy services in clinics and schools for the treatment of cerebral palsied and similarly disabled children. They also advise parents on home treatment and care related to physical therapy.

<u>THE REQUIREMENTS</u>: These are entrance requirements for admission to the examination, which is competitive. Possession of the entrance requirements does not assure a place on the eligible list. A candidate's performance in the examination will be judged in comparison with the performance of other candidates.

EDUCATION: Completion of an approved curriculum in physical therapy.

CERTIFICATE: Eligibility for, or possession of a valid certificate to practice as a Registered Physical Therapist in California.

<u>THE EXAMINATION</u>: THIS IS A NEW CONTINUOUS EXAMINATION. The eligible list resulting from this examination will cancel any existing list and may last approximately one year but can be extended. This examination may be reopened as necessary and the names of additional candidates merged onto the existing list according to examination score.

The examination may include but may not be limited to: KNOWLEDGE OF the principles, methods, equipment and theory of physical rehabilitation as related to physical therapy, especially the application of exercise and other modalities in cerebral palsy therapies of anatomy and physiology and the pathologies and injuries which result in physical impairment; of basic psychology, child growth and development and the methods of testing and evaluating muscular and neural functions. ABILITY TO understand and follow physician prescriptions; to instruct and gain the confidence and cooperation of patients; to keep accurate records and prepare reports; and to instruct parents and others in the care and treatment of cerebral palsied children.

THE EXAMINATION WILL CONSIST OF a review of candidates' applications and supplemental questionnaires to verify possession of minimum qualifications. Those candidates who possess the minimum qualifications for the class will be placed on the eligible list based on an evaluation of education, training, and experience. WE RESERVE THE RIGHT TO MAKE CHANGES TO ANNOUNCED EXAMINATION STEPS.

<u>TO APPLY</u>: Applications may be obtained at the Alameda County Human Resource Services Department, Lakeside Plaza Building, 1405 Lakeside Drive, Oakland, CA 94612; Dublin Library, 7606 Amador Valley Blvd., Dublin, CA 94566; Fremont Main Library, 2400 Stevenson Blvd., Fremont, CA 94538; or the Union City Library, 34007 Alvarado-Niles Road, Union City, CA 94587. Applications can only be filed at the Alameda County Human Resource Services Department, Lakeside Plaza Building, 1405 Lakeside Drive, Oakland, CA 94612. The application form is also available on our web site: **www.co.alameda.ca.us.**

CEREBRAL PALSY THERAPIST (PHYSICAL) **Supplemental Ouestionnaire**

A properly completed Supplemental Questionnaire must be submitted for this examination along with an application. Failure to submit the Supplemental Questionnaire will result in disqualification.

As stated on the job announcement, the examination consists of a review of candidates' applications and supplemental questionnaires to verify possession of minimum qualifications. Those candidates who possess the minimum qualifications for the class will be placed on the eligible list based on an evaluation of education, training, and experience.

This questionnaire AND the application form will be used in evaluating your qualifications and identifying your availability for employment. Please fill both out completely and return them to the Human Resource Services Department. Be very specific on the application and questionnaire as to dates and employment history (month and year, hours per week, and salary) where applicable.

Do you have additional job-related training and/or education beyond that required by the minimum qualifications? 1. Yes No

If yes, either attach an 8-1/2"x11" paper to this questionnaire indicating additional training/education OR indicate response on the back of this questionnaire.

2. State license(s), certificate(s) and/or registration(s) you possess which qualify you for the position. Indicate serial number, date issued, expiration date for each. Attach copy of proof.

3.	In regards to license certificate, and/or registration, if the minimum qualification	ons for th	nis positi	on allow for	"eligibility to receive"	or for
	a "waiver," and you are applying under this option, attach proof of eligibility.					
	Are you applying under this option?	Ye	es [No		

To claim veterans' preference points, attach a copy of honorable discharge (DD-214). If you claim service-connected disability, also 4. attach proof from the Veteran's Administration of current disability of 10% or more. Do you claim veterans' preference points? Yes No Yes No

Do you claim veterans' service connected disability?

EMPLOYMENT AVAILABILITY INFORMATION: Information checked here is used for certification purposes only and does not 5. restrict department's right to reassign employees to different shifts or locations. If this availability section is also included on the application, make sure the information checked is identical on both forms.

Please check the kind of employment for which you are available. Check ALL that apply.						
Permanent Employment Temporary Employment	 Full-Time Employment Part-Time Employment 	Intermittent (services as needed/on call)				
Check ALL Locations You Will Accept Initial Employment:						
All Locations Oakland Hayward Castro Valle Fremont Newark	y Berkeley San Lorenzo Pleasanton	Alameda Albany San Leandro Union City Dublin Livermore				
Check ALL Shifts You are Willing to Work:						
All Shifts 4:00 P.M. to Midnight	 Regular Day Shift Midnight to 8:00 A.M. 	Rotating Shifts Weekends				
CERTIFICATION OF APPLICANT: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, skills, and experiences. I agree and understand that misstatements or omissions of material facts, or alterations to questions on this Supplemental Questionnaire herein may forfeit my rights to any employment in the service of the County of Alameda.						
SIGNATURE		DATE				