COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
RECRUITMENT AND EXAMINING UNIT

SUPPLEMENTAL APPLICATION INFORMATION FORM
HEAD RADIATION CONTROL (PH-5780-A)

INSTRUCTIONS: The supplemental application information form is a required part of the application process for the above-listed examination. Please review the job bulletin carefully and complete the standard County application and supplemental application information form thoroughly. **(If you need additional space to describe your duties, you may attach an additional sheet of paper to further describe your qualifications.)**

EXPERIENCE		
1. Describe your four years' professional experience in the field of radiological health in a regulatory and compliance program for controlling radiation hazards associated with all types of radiation sources. -OR- Two years' experience as a Health Physicist** assessing and controlling radiation hazards associated with all types of radiation sources.		Date From (MM/DD/YY): Date From (MM/DD/YY):
Employer:	Address:	Position Title:
2. Describe your experience working in a radiation control program enforcing the law & regulations.		Date From (MM/DD/YY): Date From (MM/DD/YY):
Employer:	Address:	Position Title:
3. Describe your experience working in a radiation safety program.		Date From (MM/DD/YY): Date From (MM/DD/YY):
Employer:	Address:	Position Title:
4. Describe your experience with handling employee related performance management issues.		Date From (MM/DD/YY): Date From (MM/DD/YY):
Employer:	Address:	Position Title:
5. Describe your experience managing budgets and/or contracts.		Date From (MM/DD/YY): Date From (MM/DD/YY):
Employer:	Address:	Position Title:

I certify that all statements made in this supplemental application information form are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Signature		Date