

City of Los Angeles
Personnel Department

**SAFETY ENGINEERING ASSOCIATE (Code No. 1726)
SUPPLEMENTAL APPLICATION FORM - 2006**

The examination bulletin for Safety Engineering Associate specifies that all candidates must submit a Supplemental Application Form with their online City application. Candidates who fail to submit the Supplemental Application Form with their online City application will not be considered further in this examination.

If you are experiencing technical problems with this supplemental, please report it at <http://www.lacity.org/per/exams/supquest.cfm?ClassCD=1726>

The Supplemental Application Form consists of three parts. The following parts are described below:

Part I: List your degree, major, school, and completion dates in the appropriate columns.
List the school, course titles, number of units, grade received, and completion dates in which you completed your courses in *environmental and occupational health science, health and safety studies or a closely related field.*

Part II: List your California Licensed Occupational Therapist certificate information.

Part III: Training and Experience Questionnaire

Certification Statement

Please read the following statements and complete this form.

I certify that the Safety Engineering Associate Supplemental Application Form and all the responses to the questions are true and complete, and were authored, written, and prepared in their entirety solely by me. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification in this examination or dismissal and other penalties, as may be prescribed by law.

NAME: LAST	FIRST	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	

PART II:

SELECTIVE CERTIFICATION QUESTIONNAIRE

As noted on the examination bulletin for Safety Engineering Associate, selective certification will be used for some positions that require special skills and/or training in one or more of the areas listed below. For the following question, please place a check mark in either the “yes” or “no” column.

Do you have the following certification?	YES	NO
Certification as a California Licensed Occupational Therapist		

If “yes” please complete the following information:

OT Certificate Number _____

Date of Issuance _____ / _____ / _____

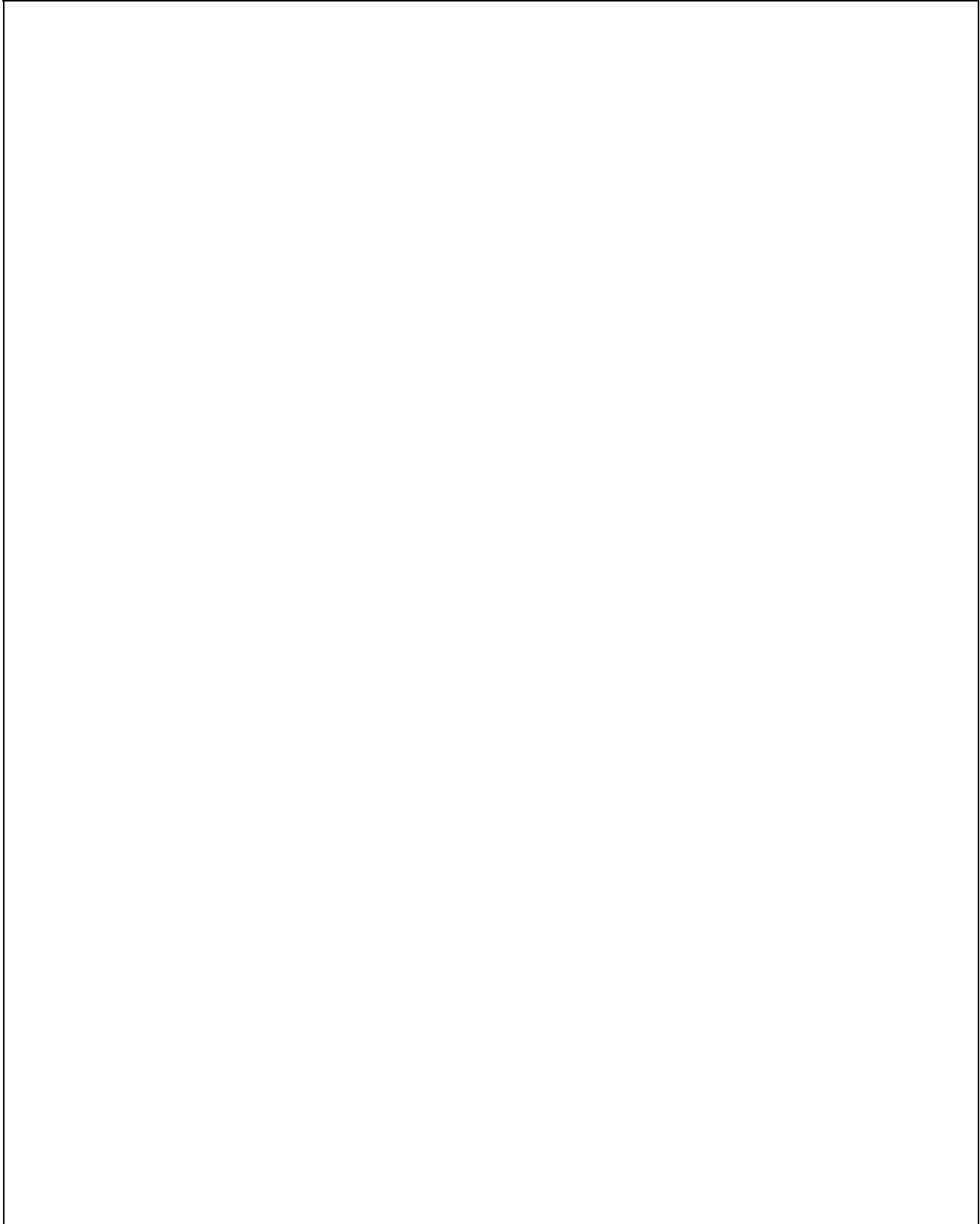
Expiration Date _____ / _____ / _____

PART III:

Please respond to the following questions in the space provided. Please write in narrative form and limit your responses to one page per question.

1. Describe the relationship between Fed OSHA, Cal/OSHA and the employer.
 - What role/requirements do each play to ensure a safe workplace?

2. Briefly describe how your training and/or experience have prepared you to perform accident investigations at a work site.
- List the steps you would take to ensure a thorough and successful investigation.



3. Please list the essential elements of an Injury and Illness Prevention Program.
- Describe your training and/or experience in developing this type of program.
 - What teaching techniques would you employ to make the program effective?

