***Revised February 5, 2020***

**PLEASE TYPE APPLICATION AND INCLUDE YOUR RESUME**

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected MSW Graduation Month, Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree of fluency: *(circle one for each)* 1 2 3 4 5 1 2 3 4 5

1- Can understand some, cannot engage in a conversation

3- Can understand and speak moderately

5- Can understand and speak fluently

Do you have any personal experience **as a consumer** of behavioral health services?

[ ]  Yes No [ ]  Decline to State [ ]

Do you have any personal experience **as the family member or caregiver of a consumer** of behavioral health services?

[ ]  Yes No [ ]  Decline to State [ ]

Name of university/college where you received your bachelor’s degree:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship and Residence History (all information will be kept strictly confidential)**

**Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If a Naturalized U.S. Citizen, Date of Naturalization: / /**

**If not a U.S. Citizen, Expiration Date of Green Card: / / or DACA: / /**

**Campus:** [ ]  UPC  [ ]  VAC\* **Department**: [ ]  AMHW [ ]  CYF [ ]  SCI\*

*\*VAC students: read Qualifications on next page carefully* *\*SCI students may only apply for the DMH program*

**Area(s) of Interest:**

[ ]  **Adults with mental illness** [ ]  **Older adults with mental illness** [ ]  **Homeless population**

[ ]  **Adolescents at risk for mental illness** [ ]  **Seriously emotionally disturbed children**

Have you completed or are you currently enrolled in the 617 Substance Related and Behavioral Addictive Disorders and Recovery course?

[ ]  Yes [ ]  No

**Criminal Background:** If you have been convicted of a misdemeanor or felony in the last three years and you were over the age of 18 when convicted, please attach a separate sheet with date(s), charges, location(s) and penalties. You do not need to include offenses that occurred prior to your 18th birthday, traffic violations with fines of $500.00 or less (unless the traffic violation resulted in a felony or misdemeanor conviction), or expunged offenses.

Not Applicable  **[ ]** Description Attached  [ ]

Do you have an automobile for placement related travel? Yes **[ ]** No [ ]

**Driver’s License and Insurance**

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY QUESTIONS**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please type your responses to the following questions on separate sheets of paper. Don’t forget to add your name to your responses. Your responses are neither right nor wrong but will serve as a means of assessing the fit between you and public child welfare work. Your answers to each question should be no less than half a page and no more than two (2) pages in length- single or double-spaced.**

1. Describe your understanding of what work in public mental health settings entails. In what ways have your prior experiences prepared you for work in public mental health? What interests you about public mental health that leads you to focus your education and career in this area?
2. Discuss stigma and its impact on consumers and providers of mental health services. As a social worker in public mental health, what are some strategies you might employ in dealing with stigma?
3. What is your understanding of recovery, and strength-based practices, as they relate to work with people with mental illnesses? Identify and briefly discuss one evidence-based intervention that is useful in work with people with mental illness. Address what the intervention is, with what population it has been evaluated as helpful; include one strength/advantage and one weakness/disadvantage in using this intervention.
4. Briefly discuss the importance of advocacy in the provision of mental health services and the impact of one legislative policy on these services.

All applicants must complete this packet in full. **Submission Deadline: March 13, 2020 by 5:00 p.m.**

Email completed application to Keisha Lee, Administrative Support at **keishale@usc.edu.**