

## Supervising Public Health Nurse (CHHA) Public Health Nurses Registered Professional Nurses

Oswego County Health Department has excellent opportunities in community-based health care. Come talk to us about rewarding work in providing skilled nursing care and supportive services to clients in their homes through the Certified Home Health Agency, Long Term Health Care, and Hospice programs.

Competitive hourly rate and excellent benefit package provided including an *incentive bonus package* for joining our team.

For more information on qualifications and to download an application, visit our website at [www.oswegocounty.com](http://www.oswegocounty.com)



### **Please submit resume to:**

Kathryn Caltabiano, Director of Patient Services  
Oswego County Health Department  
70 Bunner Street  
Oswego, NY 13126  
(315) 349- 3548  
[kate@oswegocounty.com](mailto:kate@oswegocounty.com)

# **WE'RE HIRING!!**

**If you join the Oswego County Health Department team, you will enjoy excellent benefits that include:**

- **Recruitment and retention incentives for RNs and PHNs**
- **Subsidized employee/family health and life insurance coverage**
- **Optional dental and vision insurance coverage (Union sponsored)**
- **Employee Assistance Program**
- **Membership in the NYS Retirement System**
- **Optional supplemental pre-tax retirement plan**
- **Optional pre-tax flexible spending plan for health and child care expenses**
- **Paid holidays and vacation leave**
- **Tuition reimbursement for related education**
- **Smoke-free and drug-free working environment**



# APPLICATION FOR EXAMINATION OR EMPLOYMENT

Oswego County Department of Personnel, 46 East Bridge street, Oswego, NY 13126

Phone: (315) 349-8367 Fax: (315) 349-8254

www.oswegocounty.com

**This application is part of your examination. Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 1/2 x 11 sheets if necessary to provide required information.**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE:** (Please notify Oswego County Department of Personnel immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

**MAILING ADDRESS:** (if different from above) STREET CITY STATE ZIP

**PHONE NUMBER:** ( ) Home ( ) Business ( ) Cell

**EMAIL ADDRESS:** \_\_\_\_\_

POSITION TITLE (NO EXAM REQUIRED)	ANNOUNCED EXAM(S) ONLY:		OFFICE USE ONLY:	
	EXAM TITLE(S)	EXAM NUMBER(S)	FEE PAID	STATUS
				A D C
				A D C
				A D C
				A D C

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: (1) City of \_\_\_\_\_  
OR (2) Town of \_\_\_\_\_, OR (3) Village of \_\_\_\_\_  
in the School District of \_\_\_\_\_ located in the County of \_\_\_\_\_ in the State of \_\_\_\_\_. I have lived in Oswego County for (indicate) number of years \_\_\_\_\_ and months \_\_\_\_\_.

Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, you must supply a work permit.
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
Do you have a High School diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, NAME AND LOCATION OF HIGH SCHOOL: _____		
Or, a High School Equivalency Diploma (GED)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____		
Please check college degree program(s) completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

EDUCATION:					
Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					

PLEASE LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR POSITION:					
NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:						
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a <b>Certificate of Conviction</b> from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? <span style="float:right;">If yes, indicate years of service: _____</span>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?
If you answered (YES) to any of these questions, provide details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.		

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under **“DUTIES”** describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

**VETERANS CREDITS:**

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an “**Application for Veterans’ Credit**” form and a copy of their discharge papers (form DD-214). You may download the form at [www.oswegocounty.com/personnel](http://www.oswegocounty.com/personnel) or call the Personnel Office at (315) 349-8209 to request a form be mailed to you.

**TESTING ACCOMODATIONS:**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach description describing accommodation request).

**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Personnel on the **next** business day following the exam date. You will be required to submit **documentation** of your emergency.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family.
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance.
- A conflicting professional or educational examination.

**COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:**

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Please check box that applies to you:

- Unemployed and primarily responsible for support of a household
- Eligible to receive Medicaid
- Receiving Supplemental Security Income (SSI)
- Receiving Temporary Assistance for Needy Families (TANF)
- A certified eligible under the Workforce Investment Act (WIA)

I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.

**Signature (if eligible)** \_\_\_\_\_ **Date** \_\_\_\_\_

**STATEMENT:**

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Oswego County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Oswego County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OSWEGO COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of the Oswego County Personnel Office to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.

**POSITION CLASS TITLE:** REGISTERED PROFESSIONAL NURSE  
(PUBLIC HEALTH)

**JURISDICTIONAL CLASS:** Non-competitive

**CIVIL DIVISION:** County

**AUTHORIZATION:** Oswego County Personnel Officer  
December 1993 (Revised: 5/01; 2/05)

**POSITION CLASS DEFINITION:**

Essential nature of work, degree of difficulty and responsibility.

This position involves responsibility for performing professional nursing activities in patient care and treatment and community health protection. The position acts as lead worker in directing the work of Licensed Practical Nurses and Home Health Aides in providing supportive services to patients. General supervision is received from a Public Health Nurse, Supervising Public Health Nurse, physician or designee, with leeway allowed for exercising independent judgment in formulating and implementing nursing care plans. The incumbent does related work as required.

**PRIMARY WORK ACTIVITIES:**

Typical activities characteristic of the class.

- Assesses patient nursing care needs and prepares, implements, and evaluates the nursing care plan;
- Oversees the work of Licensed Practical Nurses and Home Health Aides providing support services to patients on caseload;
- Gives skilled nursing care and prescribed treatments to patients in their homes, clinics, or Public Safety Center, and demonstrates nursing care to patients and families;
- Identifies physical and emotional illness of patients through observation and analysis of records;
- Coordinates plans for care with nutritionists, social workers, physical therapists, physicians, and other professional health workers concerned with individual and family health care;
- Counsels and guides individuals and families in the prevention of illness and the attainment of maximum health;
- Prepares and maintains a variety of essential nursing care records and reports;
- Attends in-service training to keep abreast of current nursing techniques and procedures;
- Confers with supervisor and attends staff meetings on patient care issues;
- Instructs patient and family members regarding patient's diet, health habits, rehabilitation measures, and in-home treatments;
- Sets up and staffs prevention and immunization health clinics including administering vaccines, taking patient history, and conducting screening physicals;
- Provides support services to hospice program patients, if assigned, to ensure physical and mental needs are addressed.

## **REGISTERED PROFESSIONAL NURSE (PUBLIC HEALTH) (0194)**

### **KNOWLEDGE, SKILLS AND ABILITIES:**

Summary of full performance level characteristics.

GOOD KNOWLEDGE OF: 62. geography of the area; 175. social conditions of the area; 37. current professional nursing principles, practices, and procedures;

WORKING KNOWLEDGE OF: 30. community resources and programs;

ABILITY TO: 16. apply current professional nursing techniques in providing care; 25. communicate effectively, both orally and in writing; 49. develop and maintain effective working relationships; 1. accept and use guidance; 228. use medical equipment such as blood pressure cuff, stethoscopes, syringes, sphygmomanometer, glucometer, catheters, and venipuncture equipment; 108. move and lift patients; 99. make accurate observations and assess patients' needs; 232. work "on call" as needed to provide services; 40. deal with difficult and/or uncooperative patients/clients; 208. understand and follow technical oral and written directions; 190. tolerate exposure to blood, sores, offensive odors, and poor sanitary and hygiene conditions in patients' homes; 156. prepare records and reports; 3. act as team leader over subordinate personnel in the provision of services to patients; 46. develop and implement a nursing care plan; 230. use microcomputer software.

### **MINIMUM QUALIFICATIONS:**

Education, specialized background, training and experience.

Current valid license and registration to practice as a Registered Professional Nurse in NYS.

### **SPECIAL REQUIREMENT:**

Must have transportation available to perform the duties of the position.

**POSITION CLASS TITLE:** PUBLIC HEALTH NURSE

**JURISDICTIONAL CLASS:** Competitive

**CIVIL DIVISION:** County

**AUTHORIZATION:** Oswego County Personnel Officer  
December 1993 (Revised 5/01)

**POSITION CLASS DEFINITION:**

Essential nature of work, degree of difficulty and responsibility.

This is a professional nursing position involving responsibility for performing routine and complex nursing functions with individuals and families in the home, clinics, or Public Safety Center in accordance with the planned programs and standards of the Oswego County Public Health Department or Sheriff's Department.

Incumbent independently performs public health nursing activities including assessment of patient health care needs, development and implementation of nursing care plans, and the conduct of community health intervention programs, such as immunization and health clinics.

The work is distinguished by the responsibility for supervision of Registered Professional Nurses and other staff assigned to develop and implement plans of care for preventive health and the treatment of the acutely and chronically ill. General supervision is received from a Supervising Public Health Nurse, or higher level employee, with wide leeway allowed for the use of independent judgment in assessing patients' needs and implementing care plans. The incumbent does related work as required.

**PRIMARY WORK ACTIVITIES:**

Typical activities characteristic of the class.

- Gives skilled nursing care and prescribed treatments to patients;
- Demonstrates nursing care to patients and families;
- May lead a team of peers and subordinates providing nursing care and evaluate the effectiveness of team activities;
- May provide for the continuity of patient care by referring hospital and clinic patients to appropriate community agencies;
- Coordinates plans for service with Registered Professional Nurses, nutritionists, social workers, therapists, physicians, and other professional workers concerned with individual and family health care;
- Counsels and guides individuals and families towards self-help in recognition and solution of physical, emotional, and environmental health problems;
- Provides nursing services in a variety of community settings such as clinics, schools, and correctional facility;
- Teaches classes, addresses groups, and participates in community education and planning related to nursing and health;
- Participates in the conduct of surveys and studies related to health matters;
- Compiles and uses records, reports, and statistical information for evaluation and planning of the assigned programs;
- Attends in-service training to keep abreast of latest nursing techniques and procedures and orients new nursing staff regarding agency objectives;

## **PUBLIC HEALTH NURSE (188)**

### **PRIMARY WORK ACTIVITIES (Cont.)**

- Supervises, directs, and evaluates the work of Registered Professional Nurses, Licensed Practical Nurses, Home Health Aides, and support staff;
- Conducts epidemiological activities associated with limiting and studying communicable diseases and works with patients toward prevention.

### **KNOWLEDGE, SKILLS AND ABILITIES:**

Summary of full performance level characteristics.

GOOD KNOWLEDGE OF: 62. geography of the area; 175. social conditions of the area; 38. current public health nursing principles, practices, and procedures;

WORKING KNOWLEDGE OF: 30. community resources and programs;

ABILITY TO: 16. apply current professional nursing techniques in providing care; 25. communicate effectively, both orally and in writing; 49. develop and maintain effective working relationships; 1. accept and use guidance; 228. use medical equipment such as blood pressure cuff, stethoscopes, syringes, sphygmomanometer, glucometer, catheters, and venipuncture equipment; 108. move and lift patients; 99. make accurate observations and assess patients' needs; 232. work "on call" as needed to provide services; 40. deal with difficult and/or uncooperative patients/clients; 208. understand and follow technical oral and written directions; 190. tolerate exposure to blood, sores, offensive odors, and poor sanitary and hygiene conditions in patients' homes; 133. plan and coordinate nursing care for individuals, families, and groups; 186. supervise nursing personnel assigned to assist with care; 156. prepare records and reports; 3. act as team leader over subordinate personnel in the provision of services to patients; 46. develop and implement a nursing care plan.

### **MINIMUM QUALIFICATIONS:**

Education, specialized background, training and experience.

Graduation from a regionally accredited or NYS registered college or university with a bachelor's degree in nursing and one year of professional acute care nursing experience.

### **SPECIAL REQUIREMENT:**

Must have transportation available to perform the duties of the position.

### **REQUIRED CERTIFICATION/LICENSE:**

Established by statute, rule or regulation governing position.

Licensure and current registration to practice as a Registered Professional Nurse in NYS.

**POSITION CLASS TITLE:** SUPERVISING PUBLIC HEALTH NURSE

**JURISDICTIONAL CLASS:** Competitive

**CIVIL DIVISION:** County

**AUTHORIZATION:** Oswego County Personnel Officer  
August 1980 (Revised 8/84, 7/96)

**POSITION CLASS DEFINITION:**

Essential nature of work, degree of difficulty and responsibility.

This professional administrative nursing position exists in the Oswego County Public Health Department and involves responsibility for the administration of one of the various public health nursing programs operated by the agency. The employee coordinates services provided to patients in an assigned functional or geographic location.

The work is performed under the direct supervision of the Director of Patient Services with the employee exercising a wide degree of independent judgement. Supervision is exercised over a number of Registered Professional Nurses, Public Health Nurses, and other support staff. Incumbent does related work as required.

**PRIMARY WORK ACTIVITIES:**

Typical activities characteristic of the class.

- Assists in planning, implementing, coordinating and evaluating the nursing program within the agency;
- Supervises nursing practice to ensure a high quality of professional service and maintenance of agency standards;
- Assists in planning and conducting educational programs for nursing staff;
- Participates in surveys, studies and research in the field of public health;
- Reviews and compiles appropriate records and reports;
- May develop agreements and contracts where applicable to provide agency services or to secure services needed by the agency;
- May assist in the emergency placement of patients;
- May interpret and/or review policies, programs, and procedures for staff and general public;
- May coordinate or serve on related committees;
- Assists in preparation and control of program budget;
- Participates in on-going evaluative review of programs and makes recommendations to improve services;
- Prepares documentation for physicians and insurance providers;
- Assists in maintaining the proper utilization of the services of nursing staff;
- Assists faculty with the implementation of student programs.

## **SUPERVISING PUBLIC HEALTH NURSE (0236N)**

### **KNOWLEDGE, SKILLS AND ABILITIES:**

Summary of full performance level characteristics.

THOROUGH KNOWLEDGE OF: 38. current public health nursing principles, practices, and procedures; 155. programs, policies, and procedures of the agency;

WORKING KNOWLEDGE OF: 57.5 Federal, State and local laws, rules, and regulations as they relate to this position; 135. principles and practices of supervision; 67. health resources, facilities, and community organizations; 141.1 principles, practices, and terminology of health administration; 16. budget preparation and expenditure control; 183.3 State and local laws related to the administration of health programs;

ABILITY TO: 25. communicate effectively, both orally and in writing; 37. deal effectively with others; 55.3 direct and evaluate social and health service programs; 59.1 evaluate programs and formulate policies to improve services; 136. plan, assign, and supervise the work of others; 3. act as team leader over subordinate personnel in the provision of services to patients; 46. develop and implement a nursing care plan; 49. develop and maintain effective working relationships.

### **MINIMUM QUALIFICATIONS:**

Education, specialized background, training and experience.

- A. Graduation from a regionally accredited or NYS registered college or university with a bachelor's degree in nursing; and current valid license and registration to practice as a Registered Professional Nurse in NYS and two years of experience as a Public Health Nurse; **OR**
- B. Possession of a master's degree from a regionally accredited or NYS registered college or university in nursing and one year experience as a Public Health Nurse; **OR**
- C. An equivalent combination of training and experience as defined within the limits of "A" and "B" above acceptable to the New York State Health Department.