



CSAC Excess Insurance Authority Employment Application

LAST NAME

FIRST NAME

MIDDLE

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

WHEN ARE YOU AVAILABLE TO START WORKING?

ARE YOU A US CITIZEN?

HOW DID YOU HEAR ABOUT THIS POSITION?

DO YOU HAVE A VALID CALIFORNIA DRIVER LICENSE?

HAVE YOU EVER BEEN TERMINATED?

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?

IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?

INSTITUTION NAME	FIELD OF STUDY/DEGREE OBTAINED	DATE COMPLETED

LIST BELOW VALID LICENSES, CERTIFICATES OR PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

LICENSE/CERTIFICATE	DATE OBTAINED	EXPIRATION DATE

**LIST ANY ADDITIONAL QUALIFICATIONS, TRAINING OR SKILLS THAT YOU FEEL MAKE YOU
ESPECIALLY QUALIFIED FOR THIS POSITION.**

EMPLOYMENT HISTORY

PLEASE LIST YOUR PREVIOUS WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT JOB.

FROM	TO	JOB TITLE
COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$
REASON FOR LEAVING		

FROM	TO	JOB TITLE
COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$
REASON FOR LEAVING		

FROM	TO	JOB TITLE
COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$
REASON FOR LEAVING		

FROM	TO	JOB TITLE
COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$
REASON FOR LEAVING		

REFERENCES

SUPERVISORY REFERENCES ONLY.

REFERENCE	PHONE
JOB TITLE	HOW ACQUAINTED AND FOR HOW LONG

REFERENCE	PHONE
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JOB TITLE	HOW ACQUAINTED AND FOR HOW LONG

1. PLEASE DESCRIBE IN SOME DETAIL THE ACCOUNTING FUNCTIONS THAT YOU HAVE PERFORMED, AND SPECIFICALLY THE FUNCTIONS RELATED TO GOVERNMENTAL ACCOUNTING, INCLUDING PREPARATION OF THE CAFR, FOOTNOTES, AND BUDGETS.

2. PLEASE LIST THE DATE YOU RECEIVED YOUR CPA LICENSE. HAVE YOU BEEN IN "ACTIVE" STATUS SINCE THIS DATE? HAVE YOU EVER HAD ANY DISCIPLINARY ACTION FILED AGAINST YOUR LICENSE BY THE BOARD OF ACCOUNTANCY? IF SO, PLEASE EXPLAIN. DO YOU HAVE AN ATTEST LICENSE? PLEASE PROVIDE A COPY OF YOUR LICENSE.

3. PLEASE LIST THE ACCOUNTING AND PERSONAL COMPUTER PROGRAMS THAT YOU ARE PROFICIENT IN.

4. DESCRIBE YOUR EXPERIENCE WITH PREPARING AND DELIVERING PRESENTATIONS TO COMMITTEES, BOARD MEMBERS, AND CLIENTS.

5. PLEASE DESCRIBE YOUR PUBLIC ACCOUNTING AND AUDITING EXPERIENCE.

6. PLEASE TELL US ABOUT YOUR SUPERVISORY EXPERIENCE AND DESCRIBE YOUR SUPERVISORY PHILOSOPHY.

7. PLEASE DESCRIBE YOUR EXPERIENCE AND INVOLVEMENT WITH PREPARING FINANCIAL STATEMENTS AND IMPLEMENTING ACCOUNTING STANDARDS.

8. PLEASE TELL US WHY YOU WOULD LIKE TO WORK FOR CSAC EXCESS INSURANCE AUTHORITY AS THE CONTROLLER AND WHY YOU FEEL YOU ARE A WELL-QUALIFIED CANDIDATE FOR THIS POSITION.

ACKNOWLEDGEMENT

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.

Authorization to release reemployment records and other information

I authorize CSAC EIA to contact my former employers (*CSAC EIA will not contact my current employer without my consent*), references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give CSAC EIA (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have with CSAC EIA and set forth the complete agreement between me and CSAC EIA regarding these matters.

PRINT NAME

SIGNATURE

DATE