



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 |
| JOB TITLE | HOW ACQUAINTED AND FOR HOW LONG |

| | |
|-----------|---------------------------------|
| REFERENCE | PHONE |
| JOB TITLE | HOW ACQUAINTED AND FOR HOW LONG |

1. PLEASE DESCRIBE YOUR PRIOR WORK EXPERIENCE WHICH MAY BE HELPFUL IN PERFORMING THE DUTIES OF THE RECORDS ADMINISTRATOR.

2. PLEASE EXPLAIN A TIME WHEN YOU USED YOUR FACT GATHERING SKILLS TO GAIN INFORMATION NEEDED TO SOLVE A PROBLEM. HOW DID YOU ANALYZE THE INFORMATION TO COME TO A DECISION?

- ### 3. WHAT DOES CUSTOMER SERVICE MEAN TO YOU?

4. PLEASE DESCRIBE YOUR PREVIOUS RECORDS MANAGEMENT EXPERIENCE. (I.E. SYSTEMS YOU HAVE USED, THE PART YOU PLAYED IN THE PROCESS, ETC.)

5. DESCRIBE THE THREE MOST IMPORTANT QUALITIES, IN YOUR OPINION, THAT WOULD MAKE ONE SUCCESSFUL IN THIS POSITION?

6. WHAT MAKES YOU UNIQUE FROM ALL OTHER APPLICANTS 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