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

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. PLEASE DESCRIBE YOUR PRIOR WORK EXPERIENCE WHICH MAY BE HELPFUL IN PERFORMING THE DUTIES OF THE SUPERVISING SENIOR IT SPECIALIST.

2. PLEASE LIST ANY EDUCATION AND/OR TRAINING WHICH YOU HAVE RECEIVED THAT MAY BE APPLICABLE TO THIS POSITION. DO YOU HAVE ANY PROFESSIONAL TRAINING IN MICROSOFT SQL OR MICROSOFT SQL REPORTING SERVICES?

3. WHAT EXPERIENCE DO YOU HAVE LEADING TEAMS AND MOTIVATING THEM FOR SUCCESS?

4. WHAT SYSTEMS HAVE YOU SUPPORTED? WHAT WAS THEIR UNDERLYING ARCHITECTURE? WHAT WAS YOUR ROLE IN SUPPORTING THEM? HAVE YOU EVER PROVIDED END-USER TRAINING?

5. WHAT IS THE MOST COMPLEX MICROSOFT SQL REPORTING SERVICES REPORT THAT YOU HAVE CREATED? WHAT WAS THE CHALLENGE THAT YOU HAD TO OVERCOME? CAN YOU PROVIDE AN EXAMPLE OF YOUR WORK (FORM AND SQL)?

6. DO YOU HAVE ANY EXPERIENCE CREATING AND USING STORED PROCEDURES OR DATABASE FUNCTIONS?

7. PLEASE LIST YOUR EXPERIENCE USING AND SUPPORTING ENTERPRISE DATABASE SYSTEMS? LIST YOUR KNOWLEDGE AND EXPERIENCE WITH DATABASE PLATFORMS.

8. WHAT IS YOUR PHILOSOPHY OF CUSTOMER SERVICE? HOW DO YOU THINK THIS WOULD APPLY TO THIS POSITION?

9. PLEASE TELL US WHY YOU WOULD LIKE TO WORK FOR CSAC EXCESS INSURANCE AUTHORITY AS A SUPERVISING SENIOR IT SPECIALIST AND WHY YOU FEEL YOU ARE A WELL-QUALIFIED CANDIDATE FOR THE 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