



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?
YES NO

HOW DID YOU HEAR ABOUT THIS POSITION?

DO YOU HAVE A VALID CALIFORNIA DRIVER LICENSE? HAVE YOU EVER BEEN TERMINATED?
YES NO YES NO

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? YES NO IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? YES NO

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
		\$ PER
REASON FOR LEAVING		

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

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ADDRESS		SALARY EARNED
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REASON FOR LEAVING		

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COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$ PER
REASON FOR LEAVING		

REFERENCES

BUSINESS REFERENCES ONLY

REFERENCE	PHONE
JOB TITLE	HOW ACQUAINTED AND FOR HOW LONG

REFERENCE	PHONE
JOB TITLE	HOW ACQUAINTED AND FOR HOW LONG

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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 WORKERS' COMPENSATION CLAIMS ASSISTANT.**

3. PLEASE LIST ANY EDUCATION AND/OR TRAINING WHICH YOU RECEIVED THAT MAY BE APPLICABLE TO THIS POSITION.

5. PLEASE TELL US WHY YOU WOULD LIKE TO WORK FOR CSAC EXCESS INSURANCE AUTHORITY AS THE WORKERS' COMPENSATION CLAIMS ASSISTANT 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