



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?

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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COMPANY NAME		SUPERVISOR
ADDRESS		SALARY EARNED
		\$ PER
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

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JOB TITLE	HOW ACQUAINTED AND FOR HOW LONG

1. PLEASE SUMMARIZE YOUR QUALIFICATIONS, EXPERIENCE AND BACKGROUND AS IT PERTAINS TO THIS POSITION.

**3. PLEASE DESCRIBE YOUR EXPERIENCE WITH FORMATTING, PROOFREADING AND OTHER QUALITY CONTROL MEASURES.**

**4. PLEASE DESCRIBE YOUR EXPERIENCE WITH PRESENTING/COORDINATING WEBINARS, AUTOMATED MEETING PLANNING AND YOUR MODERATING EXPERIENCE.**

**5. TELL US WHAT YOU FEEL WAS THE MOST MEANINGFUL CONTRIBUTION/SUCCESS YOU'VE HAD IN THE WORKPLACE. WHAT MADE IT A SUCCESS?**

6. **TELL US ABOUT YOUR GREATEST WORKPLACE FAILURE. WERE YOU ABLE TO OVERCOME IT? IF SO, HOW AND WHAT DID YOU “TAKE AWAY” FROM IT?**

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## ACKNOWLEDGEMENT

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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.

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PRINT NAME

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SIGNATURE

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DATE