



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

BUSINESS 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 UNDERSTANDING OF THE POSITION AND ANY PRIOR WORK EXPERIENCE WHICH MAY BE HELPFUL IN PERFORMING THE DUTIES OF THE SENIOR WORKERS' COMPENSATION CLAIMS SPECIALIST.

3. **PLEASE LIST ANY PRIOR EXPERIENCE YOU HAVE HAD WITH PUBLIC ENTITY CLAIMS INCLUDING 4850, Ed CODE, IDRs, 37ACT AND PRESUMPTIONS. WHAT IS THE DEPTH OF THAT EXPERIENCE, I.E. SENDING BENEFIT LETTERS, PROCESSING PAYMENTS, PROVIDING ADVICE, RESOLVING DISPUTES, NEGOTIATING SETTLEMENTS, ETC.?**

4. **PART OF THE SUCCESS OF THIS POSITION IS THE ABILITY TO COMMUNICATE WELL AND GET ALONG WITH OTHERS. HOW WOULD YOU DESCRIBE YOUR COMMUNICATION STYLE? HOW DO YOU RESOLVE DISPUTES WITH COLLEAGUES?**

5. **PLEASE DESCRIBE YOUR CURRENT CASELOAD, TO INCLUDE COMPLEXITY, COMMON CLAIMS ISSUES YOU DEAL WITH, LITIGATION, INTERACTIONS WITH OTHERS, ETC.**

6. **PLEASE TELL US WHY YOU WOULD LIKE TO WORK FOR CSAC EXCESS INSURANCE AUTHORITY AS THE SENIOR WORKERS' COMPENSATION CLAIMS SPECIALIST 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