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## CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP VOLUNTARY APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

To aid in the Agency's commitment to equal employment opportunity, applicants are asked to **voluntarily** provide the following information. This form will be separated from the application immediately upon filing.

Name: \_\_\_\_\_

Position Sought: \_\_\_\_\_

How did you learn about this position:

Friend Website (specify site) \_\_\_\_\_

Newspaper Other: \_\_\_\_\_

CC Times  
SF Chronicle  
Sacramento Bee  
Other Paper: \_\_\_\_\_

Please indicate the group that best identifies your racial/ethnic background:

African American Asian/Pacific Islander

Filipino Hispanic

Native American White

Please indicate your gender:

Female Male

Thank you very much for your assistance.



**CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP - EMPLOYMENT APPLICATION**  
AN EQUAL OPPORTUNITY EMPLOYER

This application is part of your total evaluation. Answer all questions completely and accurately. You may submit a resume with your application, but it may not be in substitute of a signed application. All statements are subject to verification.  
You may be disqualified or dismissed for any false statement. Please type or print responses legibly in ink.

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
No. Street City State Zip

Telephones: \_\_\_\_\_  
Home Business Message/Mobile

POSITION APPLYING FOR:

**PERSONAL DATA AND HISTORY:**

- Can you, after employment, submit verification of your legal right to work in the United States? Yes No
- Have you ever been *convicted* of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, please explain below: Yes No  
Note: State law requires that all applicants prior to employment be fingerprinted and prohibits employment of any person convicted of certain sex and narcotic offenses. Except for those offenses, conviction is not an absolute bar to employment.
- Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? If yes, explain below. If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job-relatedness. Yes No  
Explanations/Remarks (attach additional sheets if necessary)

- Have you ever applied to, or worked for, CCCSIG before? Yes No (If Yes, when? \_\_\_\_\_)
- Do you have any friends or relatives working for CCCSIG? Yes No  
If Yes, state name(s) and relationship(s): Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_

**EDUCATION AND TRAINING:**

Check the box if you possess one of the following: High School Diploma GED Certificate High School Proficiency Certificate  
Give highest grade or educational level achieved \_\_\_\_\_

College or University - Location: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Credits or Degree: \_\_\_\_\_

College or University - Location: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Credits or Degree: \_\_\_\_\_

List any other business, trade, or special training that relates to the position (give location and dates)

**SKILLS AND CERTIFICATES:**

- Drivers' License(s) (if required by the position): Number(s) \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_ State \_\_\_\_\_
- Other licenses or certification of professional competence related to the position: \_\_\_\_\_
- Clerical/Secretarial Skills (if required by the position):  
Typing Speed \_\_\_\_\_ Shorthand \_\_\_\_\_ List other skills including machines and equipment you operate:  
\_\_\_\_\_
- List other skills, abilities, foreign languages spoken fluently, or experience which would qualify you for this position:  
\_\_\_\_\_

WORK EXPERIENCE: Begin with most recent experience and account for all time during the last **TEN** years. Also list any other prior experience relevant to the position for which you are applying. Unless specifically excluded by minimum job requirements, verifiable voluntary experiences may be considered if job related. Use additional sheets if necessary.

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time      Part-Time      Hours Worked per Week: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Volunteer

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time      Part-Time      Hours Worked per Week: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Volunteer

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time      Part-Time      Hours Worked per Week: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Volunteer

REFERENCES: List persons, other than relatives and friends, who have knowledge of your work experience:

Name and Address:	Phone:	Position:	Relationship:
_____	_____	_____	_____
Name and Address:	Phone:	Position:	Relationship:
_____	_____	_____	_____

For reference purposes, do we have your consent to contact any or all of the employers or references listed on this application? Yes      No  
 If no, state reason: \_\_\_\_\_

NOTE: As a condition of employment, you may be required to be FINGERPRINTED and submit verification of your LEGAL RIGHT TO WORK IN THE UNITED STATES. Prior to starting work, you may also be required to submit to a physical examination. A background check will be conducted.

CERTIFICATE OF APPLICANT

*Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.*

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein will cause forfeiture on my part to employment. I further agree to be fingerprinted, to submit to a complete medical examination, to sign a loyalty oath, and upon employment, to furnish such proof of age as may be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Present LEGAL Name)