

Mental Health Association of Alameda County

954 60th St., Ste. 10, Oakland, CA 94608 (510) 835-5010

An Equal Opportunity/Affirmative Action Employer

Application for employment as

....."Qwt gcej 'Ur gek rku'/'RTGR

To apply for this position, fill out and return this application w' h' g' O gpw nJ gcnj 'Cuqek vqp 'qhteg at 954-60th St., #10, Oakland, CA 94608, or fax to 510-: 57/; 454.

Personal Information

After filling in form, please print out and sign by hand.

_____ Last Name

_____ First Name

_____ Middle

_____ Address

_____ City

_____ State Zip

(_____) _____
Contact Phone No.

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offences that are more than two years old need not be listed. Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

How did you hear about this position? _____

Applicant's Certification

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Date

_____ Applicant's Signature

NOTE: APPLICATION REQUIRES AN ORIGINAL, NON-DIGITAL SIGNATURE.

Education and Training

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ City _____ State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ City _____ State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ City _____ State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Some of our potential clients do not communicate well in English. Do you speak, write or understand any foreign language(s)? Yes No
If yes, which languages(s)?

Personal References

First Name	Last Name	() Telephone No.
Address	City	State Zip
Occupation	Relationship to you	
First Name	Last Name	() Telephone No.
Address	City	State Zip
Occupation	Relationship to you	
First Name	Last Name	() Telephone No.
Address	City	State Zip
Occupation	Relationship to you	

Employment History

List below all present and past employment over the last twenty (20) years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
Fro m To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
Fro m To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

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SUPPLEMENTAL QUESTIONNAIRE

Family Caregiver Outreach Specialist-PREP Program

Please answer the following questions:

Briefly describe the type(s) of outreach strategies you would use in this position.

What experience do you have in educating family caregivers?

Discuss your experience with the mental health system.

What interests you about this position?

