

Mental Health Association of Alameda County

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

An Equal Opportunity/Affirmative Action Employer

Application for employment as a
Family Partner

Personal Information

Please print legibly or type.

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Address	City	State Zip
(____) _____	_____ - _____ - _____	
Contact Phone No.	Social Security Number	

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.)

Education and Training

School Name	Number of Years	Diploma/Degree/Certificate
High School _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

City State		
College/University _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

City State		
Vocational/Business _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

City State		

Employment History

You must complete this section even if attaching a resume. List below all present and past employment (including self-employment) starting with your most recent employer. Account for all periods of unemployment.

Name of Employer (_____) _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____
City State Zip

Dates of Employment: _____ Weekly Pay: _____
From To 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: _____ Weekly Pay: _____
From To 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: _____ Weekly Pay: _____
From To 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: _____ Weekly Pay: _____
From To 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: _____ Weekly Pay: _____
From To 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: _____ Weekly Pay: _____
From To 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.

OFFICE SKILLS

Indicate whether you have experience with the following Microsoft programs.

- Outlook
- Word
- Excel
- Publisher
- PowerPoint

OTHER SPECIALIZED SKILLS

Do you have any experience with Medi-Cal or medical documentation?

- Yes
 - No
-

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