
Additional Languages: 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 language(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

You need not repeat what is in your resume, but please list supervisors and contact information in your employment during the last 15 years and your reason for leaving your last place of employment

Name of Employer

Type of Business

Address

Dates of Employment: _____
From To

Telephone No.

Your Supervisor's Name

City State Zip

Your Job Title and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer

Type of Business

Address

Dates of Employment: _____
From To

Telephone No.

Your Supervisor's Name

City State Zip

Your Job Title and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer

Type of Business

Address

Dates of Employment: _____
From To

Telephone No.

Your Supervisor's Name

City State Zip

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

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

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

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
- MS ACCESS

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

Supplement to Application for Consumer/Family Assistance Specialist

1. Please summarize your experience in providing information, referral, and advice services on the telephone and in person:
2. What techniques have you used to keep your supervisor informed of your activities when working independently, in the field or with minimal supervision?
3. The grievance process is mandated by law to be provided to all clients receiving MediCal funded mental health or substance use treatment services. There are specific statutorily required timelines governing the process of resolving a grievance. Describe your system and techniques to stay organized and keep track of deadlines for completing tasks.
4. Describe your familiarity with County mental health and/or substance use treatment services in Alameda or another county?

5. What does it mean to you when you hear it said that a person has a mental illness?

6. Receiving and resolving grievances from mental health consumers is very similar to providing customer service for a business. What does customer service mean to you? Describe any experience you may have providing customer service.

7. How would you assess your frustration threshold?
 - a. What frustrates you?

 - b. What do you do when you reach your threshold?

 - c. What coping techniques do you use on occasions when your workload was unusually heavy?

8. There are times when we can't get a complainant what they want from a grievance. Describe what you would do to help clients feel satisfied with your efforts and the grievance process even if they don't get the outcome they wanted.

9. In your opinion, how does the availability of a grievance process benefit:
- a. Recipients of mental health/substance use treatment?

- b. What benefit do grievances provide to the county's mental health and substance use treatment system?

10. Please list/describe any other types of experience and/or abilities which you feel qualify you to perform the duties required as a **Consumer/Family Assistance Specialist** for people with mental illness:

11. Do you have any further remarks or specific questions about this application or the position for which you are applying?