

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 Patients' Rights Advocate Position

Please summarize your experience in providing information, referral, and advice services on the telephone and in person:

Please summarize your experience in working with mentally ill and/or mentally disabled people:

Please list/describe any other experience and/or abilities which you feel qualify you to perform the duties required as a **Patients' Rights Advocate**:

How would you assess your frustration threshold? What do you do when you reach your threshold?

What are your greatest strengths, weaknesses?

Please summarize any experience you may have representing clients at administrative hearings:

What are your thoughts on the media's portrayal of people with mental illness?

What's the difference between counseling and advocacy?

Please indicate any experience you have had with voluntary organizations (as employee, volunteer, member, participant):

What are the pros and cons of advocating for a client's expressed interest? What are the pros and cons of advocating for a client's best interest?

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

