

**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

**Patients' Rights Advocate**

**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.)

• Have you been convicted of a criminal offense within the last seven (7) years from the date of this application?

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. However, the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position of Patients' Rights Advocate may be considered.)

**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

**Education and Training**

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

**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 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**

*\*You must complete this section even if attaching a resume.\* List below all present and past 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

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Name of Employer Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
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Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address City State Zip  
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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** Please check office skills you have and rate your skill level(s).

Technological

\_\_\_ Keyboarding ( ) excellent ( ) good ( ) fair

\_\_\_ Word processing ( ) excellent ( ) good ( ) fair

⇒Word processing programs and versions? (e.g. MS Word 2007)\_\_\_\_\_

\_\_\_ Computer data entry ( ) excellent ( ) good ( ) fair

⇒Database programs and versions? (e.g. MS Access 2007)\_\_\_\_\_

⇒Other Computer program proficiencies?\_\_\_\_\_

Other Administrative

\_\_\_ Filing ( ) excellent ( ) good ( ) fair

\_\_\_ Documentation of work ( ) excellent ( ) good ( ) fair

\_\_\_ Organizational skills ( ) excellent ( ) good ( ) fair

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**OTHER SPECIALIZED SKILLS** (research, charting, proofreading, editing, etc.)

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What techniques have you used to keep your supervisor informed of your activities when working independently, in the field or with minimal supervision?

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What coping techniques do you use to deal with those times when your workload was unusually heavy?

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Please list/describe any other types of experience and/or abilities which you feel qualify you to perform the duties required as a **Patients' Rights Advocate** for people with mental illness:

## Supplement to Application for Patients' Rights Advocate Position

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

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2. What does it mean to you when someone says that a person has a mental illness? Include a definition of mental health treatment.

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3. How would you describe the media's portrayal of people with mental illness? Include examples of both helpful and hurtful messages.

4. Describe your greatest achievement in advocating on behalf of another person. What did you find challenging?

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5. 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?

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6. Describe your approach to dealing with conflict.

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

8. a. How comfortable are you with receiving criticism? Include both constructive criticism and criticism you believe to be unjust.

b. What approach do you use in giving criticism when another person has made a mistake?

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9. Describe a situation where you worked as part of a team to achieve something. Include strengths you brought to the team and how that helped the team meet the objective. Include a description of weaknesses you discovered to be your challenges to working with the team to achieve the objective.

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