

Application Form

Profile

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Consumer

Seat Name (if applicable)

This application is used for all boards and commissions

Candace

First Name

C

Middle Initial

Collier

Last Name

Email Address

Home Address

Suite or Apt

Antioch

City

CA

State

94509

Postal Code

Primary Phone

Contra Costa County health services

Employer

Mental Health Community Support Worker

Job Title

CCBHS

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

Is a member of your family (or step-family) employed by Contra Costa Co.?

☐ Yes ☒ No

Education History

Select the highest level of education you have received:

☒ High School Diploma

If "Other" was Selected Give Highest Grade or Educational Level Achieved

College/ University A

Contra Costa College

Name of College Attended

Psychology

Course of Study / Major

73

Units Completed

Type of Units Completed

☒ Semester

Degree Awarded?

☐ Yes ☒ No

Degree Type

Date Degree Awarded

College/ University B

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

College/ University C

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

☐ Yes ☐ No

Work History

Please provide information on your last three positions, including your current one if you are working.

1st (Most Recent)

08/08/2016-present

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

Volunteer Work?

☐ Yes ☒ No

Mental health community support
worker

Position Title

Employer's Name and Address

Office for consumer empowerment 1330 Arnold Dr Martinez, ca

Duties Performed

Peer support, facilitate meetings, transportation peer support. I also help my peers share their lived recovery story. Use my lived experience to help my peers overcome their obstacles.

2nd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

3rd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

Final Questions

How did you learn about this vacancy?

☒ Other

Jamie Jennett

If "Other" was selected please explain

. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

☐ Yes ☒ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

☒ Yes ☐ No

If Yes, please identify the nature of the relationship:

I am employed with the county