



CASA of Merced County Application for Employment

Court Appointed Special Advocates of Merced County is an Equal Opportunity organization and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are based on qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. Please answer all questions and attach a resume (do not just, indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:		Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:			
Social Security Number:		Home Phone:		Work Phone:	
				Email Address:	
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently or have you ever worked with foster children?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what role did you play?	
Have you ever been employed by CASA of Merced County?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please provide dates of employment:	
Are you related to any current CASA of Merced County employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?	
Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at CASA of Merced County? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:					

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please provide your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, describe each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.” **PLEASE NOTE:** CASA of Merced County reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:		Contact: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (next most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:		Contact: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Please list at least three references:

1. Name:

Job Title:

Address:

Phone:

2. Name:

Job Title:

Address:

Phone:

3. Name:

Job Title:

Address:

Phone:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize CASA of Merced County to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of CASA of Merced County serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER