



# CASA of Merced County

## Application for Employment

We appreciate your interest in CASA of Merced County ("Company"). The Company is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including registered domestic partnership status), sex and gender (including pregnancy, childbirth, lactation and related medical conditions), gender identity and gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify), age (40 or over), sexual orientation, Civil Air Patrol status, military and veteran status, or any other basis protected by applicable federal, state, or local laws. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

### GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location	Today's Date	Position Applying For
Name (Last) (First) (Middle)		Minimum Salary Desired <sup>1</sup>
Street Address		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date Available for Work
City State Zip		Telephone (Home) Telephone (Work) ( ) - ( ) -
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the other name(s):		If yes, are you available weekdays? weekends?
Have you previously worked for or applied for a position with CASA of Merced County or any other CASA agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any relatives or friends now employed at the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain when and, if employed, in what capacity:		If yes, state name(s) and where they are located.

### PERMISSION TO WORK

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? ☐ Yes ☐ No

### REFERRAL INFORMATION

How did you learn about the Company?

- |  |  |
|--|--|
| <input type="checkbox"/> Employment Agency (state name): _____ | <input type="checkbox"/> School (state name): _____          |
| <input type="checkbox"/> Reputation of Firm _____              | <input type="checkbox"/> Newspaper ad (name of paper): _____ |
| <input type="checkbox"/> Referral (state name): _____          | <input type="checkbox"/> Other: _____                        |

<sup>1</sup> When answering this question, you are not requested or required to disclose your prior compensation history.

## WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page, and/or the following page or a separate piece of paper. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."

	Company Name	Telephone (     )     -
	Address	Employed (Month and Year) From                      To
<b>1</b>	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:
<b>2</b>	Company Name	Telephone (     )     -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:
<b>3</b>	Company Name	Telephone (     )     -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:

*(Employment record continued on next page.)*

### WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page, and/or the following page or a separate piece of paper. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."

4	Company Name	Telephone (     )     -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment \_\_\_\_\_

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes ☐ No ☐

### PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

### EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

## JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

## EMERGENCY CONTACT INFORMATION

Emergency Contact Person

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Executive Director of Company, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Executive Director, any such agreements must be in writing and signed by the Executive Director and by me or my authorized representative.

Initial: I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.

Initial: I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: I hereby authorize, to the extent allowed by applicable federal state and local laws, the Company to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

## APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.