

CASA of Ellis County Application For Employment

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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you Learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last name	First name	Middle name			
Address	Number	Street	City	State	Zip
Telephone Number (s)			Social Security #		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime, including sex-related or child abuse related offenses?
 Yes No

If Yes, Please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Yearly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Education

	Name and Address of school	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Graduate				
Other (specify)				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Access	<input type="checkbox"/> Fax	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Multiple phone lines	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____
<input type="checkbox"/> Microsoft Outlook		_____

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

References – preferably work related

1.	_____ () _____
	(Name) Phone #

	(Address) (Relationship)
2.	_____ () _____
	(Name) Phone #

	(Address) (Relationship)
3.	_____ () _____
	(Name) Phone #

	(Address) (Relationship)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of CASA of Ellis County.

Signature of Applicant

Date

PLEASE READ CAREFULLY
AUTHORIZATION AND CONSENT FOR INFORMATION RELEASE
To CASA of Ellis County

I hereby authorize Asset Control, Inc. (hereafter referred to as A.C.I.) and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and Agencies to provide A.C.I. with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my motor vehicle records, credit history, Workers Compensation Insurance Claims as allowed by EEOC and FCRA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Texas or any other States. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify A.C.I., and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Name: _____ Signature: _____

Maiden Name: _____ Since: (years) _____

S.S.#: _____ D.O.B.: _____

Address: _____

City and State: _____

How Long at Address: _____

Previous Address: _____

DL#: _____ State: _____

Date: Are you currently on "lay-off"
status and subject to recall?
Yes No

For CASA of Ellis County Use Only (Applicant — do not write below this line)

Social (**X**); Criminal (**X**) : Texas Statewide; county of current residence (if not in Texas); county of previous residence (if not in Texas); additional counties/statewide searches as indicated by social search; additional counties identified by client below:

List Counties: _____

Credit () Motor Vehicle () Employment (**X**) Educational () Other _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Interviewer _____ Date _____

Job Title _____ Yearly Rate/Salary _____ Dept. _____

By _____

Name and Title _____ Date _____

Notes _____
