



APPLICATION FOR EMPLOYMENT

Print in ink or type. These instructions must be followed exactly. Fill out the application completely. Do not leave questions blank. Resumes will not be accepted in lieu of applications. **PLEASE DO NOT PUT "SEE RESUME" ANYWHERE ON THIS APPLICATION.** Applications must have an original signature.

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY NO: _____

EMAIL: _____ HOW REFERRED: _____

POSITION FOR WHICH YOU WISH TO APPLY: _____

FULL-TIME _____ PART-TIME _____ SUMMER _____ TEMPORARY _____

ARE YOU WILLING TO WORK HOURS OTHER THAN 8 TO 5? YES _____ NO _____

ARE YOU WILLING TO TRAVEL LONG DISTANCES? YES _____ NO _____

DRIVER'S LICENSE NO. _____ CAR INSURANCE? YES _____ NO _____

ARE YOU AT LEAST 21 YEARS OF AGE FOR CASEWORK SUPERVISOR? _____

ARE YOU AT LEAST 17 YEARS OLD FOR OTHER POSITIONS? _____

IS THERE ANY CURRENT LITIGATION PENDING CONCERNING A FELONY OR MISDEMEANOR CHARGE? YES _____ NO _____ IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CHARGED WITH A FELONY? YES _____ NO _____ DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ DATE _____

(IF YES, EXPLAIN IN CONCISE DETAIL ON A SEPARATE SHEET OF PAPER, GIVING DATES AND NATURE OF THE OFFENSE, THE NAME AND LOCATION OF THE COURT, AND THE DISPOSITION OF THE CASE.)

SPECIAL SKILLS/QUALIFICATIONS: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.

APPROXIMATE WORDS PER MINUTE TYPING _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? EXPLAIN: _____

EDUCATION HISTORY:

On the chart below, indicate any and all educational institutions you have attended (beginning with high school) as well as any and all diplomas, degrees and/or certificates you have received.

Name of Educational Institution	Location	Type of Diploma, Degree or Certification	Date Received

PROFESSIONAL LICENSES

Complete the following information regarding any professional licenses you hold.

1. **LICENSE:** _____ **DATE ISSUED:** _____

LICENSE NO: _____ **STATE:** _____

2. **LICENSE:** _____ **DATE ISSUED:** _____

LICENSE NO: _____ **STATE:** _____

EMPLOYMENT HISTORY: Indicate all employment beginning with your current or most recent position. Use additional pages if necessary.

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POSITION/TITLE: _____ EMPLOYER: _____

EMPLOYMENT ADDRESS: _____

EMPLOYER'S PHONE NO: _____ IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S PHONE NO: _____ MAY WE CONTACT THIS EMPLOYER? _____

FULL-TIME: _____ PART-TIME _____ CURRENT SALARY: \$ _____

START DATE _____ LEAVE DATE _____

REASON FOR LEAVING: _____

SUMMARY OF EXPERIENCE: _____

POSITION/TITLE: _____ EMPLOYER: _____

EMPLOYMENT ADDRESS: _____

EMPLOYER'S PHONE NO: _____ IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S PHONE NO: _____ MAY WE CONTACT THIS EMPLOYER? _____

FULL-TIME: _____ PART-TIME _____ CURRENT SALARY: \$ _____

START DATE _____ LEAVE DATE _____

REASON FOR LEAVING: _____

SUMMARY OF EXPERIENCE: _____

POSITION/TITLE: _____ EMPLOYER: _____

EMPLOYMENT ADDRESS: _____

EMPLOYER'S PHONE NO: _____ IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S PHONE NO: _____ MAY WE CONTACT THIS EMPLOYER? _____

FULL-TIME: _____ PART-TIME _____ CURRENT SALARY: \$ _____

START DATE _____ LEAVE DATE _____

REASON FOR LEAVING: _____

SUMMARY OF EXPERIENCE: _____

POSITION/TITLE: _____ EMPLOYER: _____

EMPLOYMENT ADDRESS: _____

EMPLOYER'S PHONE NO: _____ IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S PHONE NO: _____ MAY WE CONTACT THIS EMPLOYER? _____

FULL-TIME: _____ PART-TIME _____ CURRENT SALARY: \$ _____

START DATE _____ LEAVE DATE _____

REASON FOR LEAVING: _____

SUMMARY OF EXPERIENCE: _____

Please list three unrelated references below.

	Reference 1	Reference 2	Reference 3
Name :			
Mailing Address:			
Phone Number:			
Email Address:			

The undersigned acknowledges and/or agrees that:

The Brush Country CASA program rejects any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA/GAL program's credibility.

When an applicant is found to have committed a misdemeanor or felony that is unrelated to or will not negatively impact the credibility of the CASA/GAL program, CASA will consider the extent of the rehabilitation since the misdemeanor or felony was committed or other factors that may influence the decision to accept the applicant as a CASA Employee.

APPLICANT'S SIGNATURE: _____ Date: _____