

Job Title	Reason for leaving
Nature of Duties	

Current Open Position for which you are applying:	Date Available:	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Legally Authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you submit to a background check as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational Background

Name & Location of School	Check last year attended in School	Did you Graduate?	Degree or Certificate
High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			

Are you presently enrolled in school? Yes _____ No _____

If yes, name of school and course of study: _____

Title of any professional license held: _____ Date licensed: _____

Do you speak another language other than English? _____ Language: _____

Skills: _____

Hobbies/special interests: _____

Criminal Background Check

A CASA program does not accept applicants if they, or an immediate family member, have been convicted, or have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, delivery of illegal drugs or related acts that would pose risk to children or to the CASA program's credibility.

Have you ever been charged with or convicted of a felony or misdemeanor offense?

Yes _____ No _____

If so, state the charge and disposition: _____

Have you or has anyone in your family been involved with:

Child Protective Services _____; Federal, State or local courts/legal programs _____; or

Any other agencies offering services to a child: _____

If so, please explain the circumstances: _____

List all other cities in Texas where you have resided: _____

"I hereby authorize the Department of Public Safety and Texas Department of Protective and Regulatory Services to release to Texas CASA and CASA of Brazos Valley any record of information concerning my record, including any crime committed or alleged to have been committed by me. This includes but is not limited to arrest records and conviction data. I hereby release the Department of Public Safety and Texas Department of Protective and Regulatory Services as custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability or for damages of any type which may at any time result to me, my family, or associates because of compliance with this authorization. The Texas Department of Protective and Regulatory Services may obtain information from the Texas Department of Public Safety, the Federal Bureau of Investigation, and other law enforcement agencies."

Initial: _____ Date: _____

Personal Non-relative References:

(If you are employed, one reference should be from your employer or previous employer.)

1) Name: _____

Address: _____
CITY STATE ZIP CODE

Phone number: (____)____ - ____ or (____)____ - ____ Relationship: _____

Years Known _____

2) Name: _____

Address: _____
CITY STATE ZIP CODE

Phone number: (____)____ - ____ or (____)____ - ____ Relationship: _____

Years Known _____

3) Name: _____

Address: _____
CITY STATE ZIP CODE

Phone number: (____)____ - ____ or (____)____ - ____ Relationship: _____

Years Known _____

Declaration

I, _____, hereby declare that all of the answers provided on my employment application are true. Falsification of this document is grounds for disqualification or termination of employment. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA employee. I understand the sensitive and confidential nature of any official documents, reports, or other material I may examine in my capacity as a CASA employee.

I will discuss information related to my CASA employment with only those people directly involved in the cases or who will be consulted for their professional knowledge and expertise. My employment will be contingent upon the successful completion of the background screening. I will have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws. I understand and agree that if I am offered employment; my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the Organization or myself.

Release: I hereby authorize any prior employers to provide such information about my employment record or any information they have concerning my employment record and authorize such employees to supply you, upon request at any time, with any information they have regarding my character, ability, job performance and reasons for leaving employment. I will hold such employers and the company harmless for such disclosures.

SIGNATURE: _____ DATE: _____