



CASA of Grayson County Application for Employment

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
<p>How did you Learn about us?</p> <p> <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 _____ </p>	

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? Yes No
Proof of citizenship or immigration status will be required upon employment

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			

Education

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

Additional Information

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 the 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 Grayson County Texas.

Signature of Applicant

Date