



Voices for Children, Inc., CASA of Brazos Valley Employment Application

Personal Information

Full legal Name: _____ (Maiden name): _____

Email address: _____ Daytime Phone Number: _____

Mailing Address: _____

Driver's License Number/ State: _____ Expiration Date: _____

Name of your automobile Insurer: _____

How Did You Hear About Us? ☐ Internet ☐ Walk-in ☐ Ad ☐ Employee ☐ Friend ☐ Other

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	Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 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 <i>A conviction may not disqualify you, but a false statement will.</i>	Will you submit to a background check as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work hours other than 8:30am-4:30pm?	What days/times are you unable to work?	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent of the time?

Employment Experience (List below last three employers, starting with the most recent.)

From (Month/Year)	To (Month/Year)	Company	Phone Number	Immediate Supervisor
Wage \$		Address		
Job Title		Reason for leaving		
Nature of Duties				
From (Month/Year)	To (Month/Year)	Company	Phone Number	Immediate Supervisor
Wage \$		Address		
Job Title		Reason for leaving		
Nature of Duties				
From (Month/Year)	To (Month/Year)	Company	Phone Number	Immediate Supervisor
Wage \$		Address		
Job Title		Reason for leaving		
Nature of Duties				

Educational Background (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Name and Location of School	Check last year attended in school	Did you graduate?	Degree or Certificate
High School: Location:	<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: Location:	<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: Location:	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

Personal Non-relative References:

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

Name:	Relationship:	Years known:
Phone Number:	Email:	Address:

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Phone Number:	Email:	Address:

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Phone Number:	Email:	Address:

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Phone Number:	Email:	Address:

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 convicted of a felony or subjected to deferred adjudication on a felony charge?

Yes _____ No _____

If your answer is "Yes," explain in concise detail, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

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 states/cities 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: _____

Declaration

"I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by Voices for Children and hereby give my consent to Voices for Children to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Voices for Children may terminate my employment at any time, with or without notice or reason."

My employment will be contingent upon the successful completion of the background screening. I will have the right to make a 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: _____