



## CASA of Walker, San Jacinto, & Trinity Counties Application for Employment

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, marital status, physical or mental disabilities, or veteran status. Application content must be clear and legible in order to be considered for employment.

Date: \_\_\_\_\_ Applying to work in:  Walker Co.  San Jac. Co.  Trinity Co. (Mark all that apply)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If No, are you authorized to work in the US?  Yes  No

Are you 21 years of age or older?  Yes  No

Are you applying for a posted position?  Yes  No If Yes, what position: \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Date Available: \_\_\_\_\_

### Education & Skills

High School: \_\_\_\_\_ Diploma/GED?  Yes  No

Are you presently Enrolled in School?  Yes  No If yes, name of school: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

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Are you fluent (orally AND written) in any languages other than English?  Yes  No

If so, what language(s): \_\_\_\_\_

Do you hold any professional licenses? If so, list: \_\_\_\_\_

Describe other skills or qualifications that are relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

**Employment and Volunteer History**

Company Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Start and End Dates: \_\_\_\_\_  Volunteer  Employed  
Hours worked per week: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Start and End Dates: \_\_\_\_\_  Volunteer  Employed  
Hours worked per week: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Start and End Dates: \_\_\_\_\_  Volunteer  Employed  
Hours worked per week: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

**References: Please list three unrelated references:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we contact your present employer?  Yes  No

**Criminal History Information**

\_\_\_\_\_ I understand that CASA of Walker county will ask applicants to complete a criminal records fingerprint check, which will reveal any arrest, charge, or conviction.

\_\_\_\_\_ I understand that failure to disclose any and all information regarding criminal history could result in non-acceptance to the program or termination from the program should undisclosed criminal history be discovered.

\_\_\_\_\_ I understand that any applicant found to be convicted, 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 program’s credibility is not accepted as a CASA employee

Disclosure:

I  have  have not been charged or convicted of a felony or misdemeanor. (the fact that you have completed deferred adjudication or that your arrest, charge, or conviction has been dismissed, vacated, pardoned, or expunged does not mean you can answer “no”.)

If yes, please explain (include date of offense, nature of the charge, location, and disposition)

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I  am  am not currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor.

If yes, please explain (include date or alleged offense, charges, location, and other relevant details)

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List all other cities in Texas where you have resided in the last 10 years: \_\_\_\_\_

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Release for Criminal Background Checks:

I, \_\_\_\_\_ authorize CASA of Walker County to secure the following record checks:

- Social Security number verification
- Criminal records from the court jurisdiction in which I currently reside & work
- State criminal records
- FBI or other national criminal database
- National sex offender registry
- Child abuse registry/DFPS check

Signature

information@casaofwalkercounty.org  
www.casaofwalkercounty.org

Date

PO Box 275, Huntsville, TX 77342  
936-291-6363 (office) 936-291-0009 (fax)

**CERTIFICATION & DECLARATION:**

\_\_\_\_\_ My initials certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that falsification of this document is grounds for disqualification or termination of employment.

\_\_\_\_\_ My initials certify my understanding that the information requested in this application will be used only for the purpose of determining suitability as a CASA employee.

\_\_\_\_\_ My initials certify my understanding that employment is "at will" which means that either I or CASA can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. I also understand that many positions are grant funded and employment could be contingent on funding renewal.

I \_\_\_\_\_, hereby authorize the Department of Public Safety and Texas Department of Family and Protective Services to release to Texas CASA and CASA of Walker County 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 also hereby release the Department of Public Safety and Texas Department of Family & Protective 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 Family & Protective Services may obtain information from the Texas Department of Public Safety, the Federal Bureau of Investigation, and other law enforcement agencies

Signature: \_\_\_\_\_ Date: \_\_\_\_\_