

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: Applyin	g to work in: 🗆 Walker Co. 🗆 San Ja	ac. Co. $\ \square$ Trinity Co. (Mark all that appl
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 autho	orized 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	າ:
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 scho	ool:
College:	Dates Attended:	Degree:
College:	Dates Attended:	Degree:
Are you fluent (orally AND written) in ar	ny languages other than English?	
Do you hold any professional licenses? I Describe other skills or qualifications tha		

Physical Address: 1300 11th Street, Suite #310, Huntsville, TX 77340

Mailing Address: PO Box 275, Huntsville, TX 77342

Phone: 936-291-2272

www.casaofwalkercounty.org

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:			□ Volunteer	☐ Employed
Hours worked per week:	End Salary:	Name of Supervisor:		
Address:		Telephone:		
Brief Description of Job Duties:				
Reason(s) for Leaving:				
Refe	rences: Please list three unre	lated references:		
Name:	Phone:	Relation	ship:	
Name:	Phone:	Relation	ship:	
Name:	Phone:	Relation	ship:	
May we contact your present employe	er?□Yes□No			

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Criminal History Information	
I understand that CASA of Walker county will ask applicants to comp	plete a criminal records fingerprint
check, which will reveal any arrest, charge, or conviction.	
I understand that failure to disclose any and all information regarding	ng criminal history could result in non-
acceptance to the program or termination from the program should undisclo	osed criminal history be discovered.
I understand that any applicant found to be convicted, or having characteristics	arges pending, for a felony or
misdemeanor involving a sex offense, child abuse or neglect, or related acts to	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 misdemean	or. (the fact that you have completed
deferred adjudication or that your arrest, charge, or conviction has been disr	missed, 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)
I □ am □ am not currently under indictment or charged in an official crim county attorney with a felony or misdemeanor. If yes, please explain (include date or alleged offense, charges, location, and of the county attorney with a felony or misdemeanor.	
List all other cities in Texas where you have resided in the last 10 years:	
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 resid	de & work
State criminal records	
FBI or other national criminal database	
National sex offender registryChild abuse registry/DFPS check	
Cilila anase registry/DFP3 check	
	 Date

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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 falsificat	tion 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 CAS	SA 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.
1	, hereby authorize the Department of Public Safety and Texas Department
	, hereby authorize the Department of Public Safety and Texas Department e to Texas CASA and CASA of Walker County any record of information
of Family and Protective Services to releas	
of Family and Protective Services to releas concerning my record, including any crime	e to Texas CASA and CASA of Walker County any record of information
of Family and Protective Services to releas concerning my record, including any crime limited to arrest records and conviction da	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not
of Family and Protective Services to releas concerning my record, including any crime limited to arrest records and conviction da of Family & Protective Services as custodia	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not sta. I also hereby release the Department of Public Safety and Texas Department
of Family and Protective Services to release concerning my record, including any crime limited to arrest records and conviction dated of Family & Protective Services as custodial individually and collectively, from any and	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not ata. I also hereby release the Department of Public Safety and Texas Department on of such records, including officers, employees, or related personnel, both
of Family and Protective Services to release concerning my record, including any crime limited to arrest records and conviction day of Family & Protective Services as custodial individually and collectively, from any and family, or associates because of compliance	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not ata. I also hereby release the Department of Public Safety and Texas Department on of such records, including officers, employees, or related personnel, both all liability or for damages of any type which may at any time result to me, my
of Family and Protective Services to release concerning my record, including any crime limited to arrest records and conviction day of Family & Protective Services as custodial individually and collectively, from any and family, or associates because of compliance	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not ata. I also hereby release the Department of Public Safety and Texas Department on of such records, including officers, employees, or related personnel, both all liability or for damages of any type which may at any time result to me, my be with this authorization. The Texas Department of Family & Protective Services
of Family and Protective Services to release concerning my record, including any crime limited to arrest records and conviction day of Family & Protective Services as custodial individually and collectively, from any and family, or associates because of compliance may obtain information from the Texas De	e to Texas CASA and CASA of Walker County any record of information committed or alleged to have been committed by me. This includes but is not ata. I also hereby release the Department of Public Safety and Texas Department on of such records, including officers, employees, or related personnel, both all liability or for damages of any type which may at any time result to me, my see with this authorization. The Texas Department of Family & Protective Services epartment of Public Safety, the Federal Bureau of Investigation, and other law

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