

# MERCED COUNTY COMMUNITY ACTION AGENCY

1235 W. MAIN STREET, MERCED • (209) 723-4565 • (209) 723-1543

MAILING ADDRESS: P.O. BOX 2085 • MERCED, CA 95344-0085

## Information for Job Applicants

Merced County Community Action Agency (MCCAA) is a Non-Profit Corporation, governed by a twelve member board. The Agency is funded by Federal, State and other grants to operate programs such as Child Development and State Preschool, Women, Infants, and Children (WIC) nutrition assistance, Home Weatherization, Energy Assistance, Housing and Shelter for the economically disadvantaged of Merced County

### Benefits

All employees are entitled to vacation, sick leave and paid holidays. Part-time employees' benefits are prorated. Vacation and sick leave accrue from hire date. For new employees, vacation accrues at .03846 hours for each paid work hour (equivalent to 10 days per year). Accruals increase to .0577 hours at five years and to .11538 hours at 10 years. Sick leave accrues at .0462 hours for each regularly scheduled hour worked. Employees working regularly scheduled 30 hour weeks are offered medical, dental, life and vision insurance on the first of the month following 30 days of continuous employment.

### Immigration Reform Act of 1986

At the time of employment all new employees must produce either one of the documents in Category I, or two forms one from Category II and Category III. Some suggested acceptable documents are:

#### CATEGORY I

United States Passport  
Certificate of Citizenship  
Certificate of Naturalization

#### CATEGORY II

CA Driver License  
CA ID Card

#### CATEGORY I

Social Security Card  
U.S. Birth Certificate

A complete list of acceptable documents is available at the Human Resources Office.

### Applicant Screening

Screening may also include any or all of the following: Oral interviews, performance testing, and previous employment reference checks.

### Applicants for Preschool Programs

After offer of employment, applicant must have a pre-employment health examinations, TB testing and fingerprint clearance, arranged and paid by the Agency, prior to starting work.

### Applicants Requiring Accommodation

Please contact the Human Resources Department at least three (3) working days before a scheduled interview if you require accommodation. Medical verification may be required prior to accommodation.

Please contact the Human Resources Department if you have additional questions.  
Human Resources Manager: (209) 723-4565 ext. 1116, e-mail: [hr@mercedcaa.org](mailto:hr@mercedcaa.org)  
MCCAA web address: [www.mercedcaa.org](http://www.mercedcaa.org)

**INSTRUCTIONS FOR ONLINE APPLICATIONS  
(PLEASE READ CAREFULLY)**

**AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER** providing equal employment opportunity to all regardless of sex, race, marital status, religion, ancestry, disability, age, sexual orientation, or other non-merit related reason

Thank you for considering employment with Merced Community Action Agency. To make the application process as easy as possible, please read and follow the instructions below.

1. Applications must be printed out and signed in ink
2. Please answer all questions and provide enough detail to allow for full review and evaluation. Please type or print in black ink.
3. A resume may accompany your completed application, but do not submit a resume in place of completing any part of the application.
4. Use a separate application for each job title. Applications and attachments will not be returned and photocopies will not be provided.
5. Inquiry may be made of your former and current employers, or the last school you attended, regarding your performance record. Please provide the name, address, and telephone number for each position listed on your application.
6. All applications must be submitted with an Addendum to Application Form.
7. All answers on the Addendum to Application Forms must be written in your own hand.
8. Please notify the Human Resources Department if you change your address or telephone number.

Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application to the Human Resources Department, recheck it to make sure it is correct and complete. Again, thank you for your interest in applying for employment with Merced Community Action Agency.

**Note: POST MARK WILL NOT BE ACCEPTED.**

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Must be typed or handwritten in ink

## Complete all sections

Last 4 of your SS# XXX-XX- \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

### **Present Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Message Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

### **Permanent Address (if different from present address)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Employment Desired**

Position applying for: \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for Merced County Community Action Agency before ?  Yes  No

If yes, name department and date of employment: \_\_\_\_\_

Do you have any friends or relatives working for Merced County Community Action Agency?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

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

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

### **Education, Training, and Experience**

What language(s), other than English, do you speak fluently? \_\_\_\_\_

Read and write fluently? \_\_\_\_\_

	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ City & State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/University	Name _____ City & State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/Business	Name _____ City & State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ City & State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please indicate any experience, if applicable to the position you are applying for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computer/Software: \_\_\_\_\_ Typing Speed: \_\_\_\_\_ 10-Key by touch  Yes  No

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**Employment History - Continued**

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

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**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Merced County Community Action Agency to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands of liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Addendum to Application**

Please explain in your own words and in your own handwriting:

1. Why are you interested in the position for which you have applied?
2. Why do you feel you are the best candidate for the position

Do not include any personal information such as age, marital status, religion, race, national origin, or other protected information in your response

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MERCED COUNTY COMMUNITY ACTION AGENCY EQUAL OPPORTUNITY  
AND EMPLOYMENT REFERRAL SOURCE QUESTIONNAIRE

An Equal Opportunity-Affirmative Action Employer

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To help us carry out our EEO/AA obligations, please indicate if any of the following definitions apply to you

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Merced County Community Action Agency requests that all applicants complete this form in order to comply with United States Government Equal Employment Opportunity requirements. The information will be available only to authorized personnel strictly for statistical and analytical purposes. It will not be used to make employment decisions affecting you. Your cooperation in providing this information is appreciated.

POSITION APPLIED \_\_\_\_\_

JOB SOURCE: I first learned of this job opening through (Please Check One):

- FRIEND OR A RELATIVE
- MCCA HUMAN RESOURCE OFFICE
- ANOTHER HUMAN RESOURCE OFFICE, Specify: \_\_\_\_\_
- MERCED SUN-STAR                       OTHER NEWSPAPER, Specify: \_\_\_\_\_
- WEBSITE                                       OTHER MEANS, Specify: \_\_\_\_\_

ETHNIC ORIGIN: Please check the one that applies:

- WHITE (not of Hispanic origin): All persons having origins in Europe, North Africa or the Middle East
- BLACK (not of Hispanic origin): All persons having origins in any of the Black peoples of Africa
- HISPANIC OR LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America
- TWO OR MORE RACES

GENDER:     MALE                       FEMALE

AGE:         UNDER 40                       40 OR OVER

VETERAN OF THE ARMED FORCES:     YES                       NO

DISABILITY:     HEARING                       SIGHT                       SPEECH                       PHYSICAL                       OTHER