

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 disadvantage 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 Director: (209) 723-4565 ext. 1116, e-mail: hr@mercedcaa.org

MCCAA web address: 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.



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

Must be typed or handwritten in ink **Complete all sections**

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 fron	n present address)			
Address	City	State	Zip Code	
Employment Desired				
Position applying for:				
Personal Information				
Have you ever applied to or worked f	or Merced County Community Action Agency be	fore ?	Yes	☐ No
If yes, name department and date o	of employment:			
Do you have any friends or relatives	working for Merced County Community Action A	gency?	☐ Yes	☐ No
Name	Relationship			
Name	Relationship			
f hired, would you have a reliable mea	ns of transportation to and from work?		☐ Yes	☐ No
If hired, can you present evidence of yohis country?	our U.S. citizenship of proof of you legal right to li	ive and work in	☐ Yes	□ No
Are you able to perform the essential fu with or without reasonable accommoda	nnctions of the job for which you are applying, eith tion?	ner	Yes	☐ No
If no, describe the functions that cann	not be performed.			
	ler reasonable accommodation measures that may be necessar assing a medical examination, and to skill and agility tests.	y for eligible applicant	s/employees to perf	orm
Education, Training, and Experience	e			
What language(s), other than English, of	lo you speak fluently?			
Read and write fluently?				

THE COMMUNITY ACTION AGENCY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER MINORITIES, WOMEN AND DISABLED ENCOURAGED TO APPLY CALIFORNIA RELAY SERVICE (1-800-735-2929) IS AVAILABLE FOR THE HEARING IMPAIRED

Any questions regarding the Recruitment and Selection Process may be directed to Merced County Community Action Agency, Human Resources: 209-723-4565

	Name and A	ddress	No. of Years Completed	Did you Graduate?	Degree or Diploma
High	Name		<u>_</u>	☐ Yes ☐ N	lo
School	City & State				
College/ University	Name			☐ Yes ☐ N	lo
	City & State				
Vocational/	Name			☐ Yes ☐ N	lo
Business	City & State				
Health Care	Name			☐ Yes ☐ N	lo
Training	City & State				
Please indicate	te any experience, if applicable to th				
Computer/Sc	oftware:	Typing S	Speed:	10-Key by tou	ich Yes No
				_	103 140
Employment	-			4	co
	ll present and past employment star all periods of unemployment. You				ufficient).
				-	
Name of Emp	· ·			Phone Number_	
Type of Busi					7' 0.1.
Address	oloyment From	_	City To	State	Zip Code
Job Title	From	 Duties			
		Duties			
Reason for L	eaving				
May we conta	act this employer for a reference?			[Yes No
Name of Emp	ployer			Phone Number	
Type of Busi			Superv	isor's Name	
Address			 City	State	Zip Code
Dates of Emp	oloyment From		То		
Job Title _		Duties			
Reason for L	eaving				
	act this employer for a reference?			ſ	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		То		_	
Job Title	Duties				
Reason for Leaving					
May we contact this employer for a reference?				Yes No	
Name of Employer			Phone Number	r	
Type of Business	Supervisor's Name				
Address		City	State	Zip Code	
Dates of Employment From					
Job Title	Duties			_	
	Buties				
Reason for Leaving					
May we contact this employer for a reference?				☐ Yes ☐ No	
List below three persons not related to you who	have knowledge	of your work perfo	ormance within the las	t three years.	
Last Name	First Name		Phone Nu	mber	
Addrage		City	State	Zip Code	
			S Acquainted		
Occupation					
Last Name	First Name		Phone Nui		
Address		City	State	Zip Code	
Occupation		No. of Years	Acquainted		
Last Name	First Name		Phone Nur	nber	
Address		City	State	Zip Code	
Occupation		No. of Years	S Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials	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. 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 the Company and me. 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					
Initials	In compliance with federal law, all persons hired will be required to verificomplete the require employment eligibility verification document form	•			
	☐ I waive receipt of a copy of any public record descri	bed in the paragraph above.			
Applicant's S	Signature	Date			
	Addendum to Applicati	ion			
	Do not include any personal information such as age, marital statu information in your response	is, religion, race, national origin, or other protected			