



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 fifteen member board. The Agency is funded by Federal, State and other grants to operate programs such as Child Development and State Preschool, Senior Citizen Nutrition (CHERISH and Meals on Wheels), 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 90 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 one from Category II and one from 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 III

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 examination, 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

MCCAA web address: www.mercedcaa.org



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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 résumé may accompany you completed application, but do not submit a résumé 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 marks will not be accepted.



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This application must be typed or handwritten in ink.
Complete all sections.

Position being applied for: _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____
Home _____ Work _____ Message _____

Are you legally permitted to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain on a separate piece of paper and attach it to this application. A positive response is not an automatic bar to employment with the Agency. The offense for which the person convicted in relation to the position to which they have applied.

Are you related to any employee of Merced County Community Action Agency? Yes No

If Yes, please list their name(s) _____ Relationship _____

Do you have a valid California Driver's License? Yes No Class _____

Number _____ Expiration Date _____

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

Read and write fluently? _____

Indicate the type of employment you will accept:

- Full Time, Regular Position (30-40 hours per week)
- Part Time, Regular Position (Less than 30 hours per week)
- Temporary Position

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

Computer/ Software: _____ Typing Speed: _____ 10-Key by touch Y N

**THE COMMUNITY ACTION AGENCY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
MINORITIES, WOMEN AND DISABLED ENCOURAGED TO APPLY
CALIFORNIA RELAY SERVICES (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

EDUCATION

Did you graduate from high school? Yes No

If Yes, school name: _____ City _____ State _____

If No, have you obtained a GED? Yes No Highest grade completed _____

Name & Location of College/University	Course Taken	Semester Units	Degree Received	Completed
Business, Trade, Technical, Other:				

EMPLOYMENT HISTORY

Experience: Beginning with your current or most recent employment, complete the sections below in their entirety. Do not leave any spaces blank. You may include military and/or volunteer experience you believe will help demonstrate you meet the qualifications for the position you are applying for. If you require more space, you may use additional sheets of paper and attach them to his application. Resumes CANNOT be substituted for completing the sections below in their entirety. **All periods of unemployment must be explained.**

Period of Employment	Descriptions	Employer Information
From	Job Title	Name
To	Duties	Address
Number of Years		Supervisor's Name
Hours Per Week		Phone Number
Last salary \$ Per	Number of Employees Supervised	Reason for Leaving
From	Job Title	Name
To	Duties	Address
Number of Years		Supervisor's Name
Hours Per Week		Phone Number
Last salary \$ Per	Number of Employees Supervised	Reason for Leaving
From	Job Title	Name
To	Duties	Address
Number of Years		Supervisor's Name
Hours Per Week		Phone Number
Last salary \$ Per	Number of Employees Supervised	Reason for Leaving
From	Job Title	Name
To	Duties	Address
Number of Years		Supervisor's Name
Hours Per Week		Phone Number
Last salary \$ Per	Number of Employees Supervised	Reason for Leaving

May we contact all employers listed? Yes No

If No, Please indicate which one(s) _____

READ BEFORE SIGNING: I CERTIFY the statements made by me in this application are true and correct to the best of my knowledge and belief. I understand statements made are subject to verification any misrepresentation, fraud or omission of material facts may be grounds for Merced County Community Action Agency to deny employment, or disciplinary including dismissal after employment.

Signature _____

Date _____

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

An Equal Opportunity-Affirmative Action Employer

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

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 FOR: _____

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