

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, 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 Manager: (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 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 _____ Hourly Rate Starting _____
To _____ Annual Salary Ending _____

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 _____ Hourly Rate Starting _____
To _____ Annual Salary Ending _____

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 _____ Hourly Rate Starting _____
To _____ Annual Salary Ending _____
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 _____ Hourly Rate Starting _____
To _____ Annual Salary Ending _____
Job Title _____ Duties _____

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

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 _____

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 _____

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