



## 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](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**

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 you 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? \_\_\_\_\_

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 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 \_\_\_\_\_

