

## CHELAN DOUGLAS COUNTY EMPLOYEE APPLICATION

Last Name	First Name	MI	Preferred Name
Social Security Number (last 5 numbers)	Other Names	E-mail Address	
Home Address, City, State, Zip Code			Home Phone
Emergency Contact:			Telephone Number:
Other states lived in over past 10 years and dates:			Cell Phone
Educational Background: ___AA ___BA ___BS ___PhD ___Other _____			How did you become aware of this program?
Why do you want to become a Coordinator for the Chelan Douglas CASA Program?			
Do you drive? ___Yes ___No. Valid driver's license number: _____			
Date of Expiration: _____			
Do you or any of your family members have any experience with the juvenile court/legal system or DCFS? If yes, please explain:			List auto insurer and policy number: _____ _____

\* Voluntary information

**Indicate paid/unpaid work history beginning with most recent:**

1. Company/Organization _____ Work Phone: _____ Position: _____ Dates: _____ May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Company/Organization _____ Work Phone: _____ Position: _____ Dates: _____
3. Company/Organization _____ Work Phone: _____ Position: _____ Dates: _____
4. Company/Organization _____ Work Phone: _____ Position: _____ Dates: _____

**Please list three non-relative references who have known you for at least a year and one personal reference**

Name	Address, including city/state	Zip	Phone

- May we contact your references? \_\_\_yes \_\_\_no
- We reserve the right to contact any other persons who may be known to you, and who you have not listed as a reference.

Do you speak any languages other than English? If so, what Languages?
Do you have any restrictions on your ability to drive?

Have you ever been appointed as a guardian ad litem (GAL) or CASA Volunteer in any county or state? Yes  No

Have you ever been removed from a guardian ad litem registry pursuant to a grievance action? Yes  No



If so, please indicate the name of the court and the cause number. \_\_\_\_\_

Is there a reliable phone number where a message may be left for you? Yes  No  \_\_\_\_\_

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Continue on back if needed

**Why do you wish to become involved as an employee of this program?**


**Please describe life experiences which enhance your ability to work with volunteers who advocate for children:**


**I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as an employee of the Chelan Douglas CASA Program. The information requested in this application and information which might otherwise be obtained will be used only for the purpose of determining my suitability as an employee. All information will be held in strict confidence. No individual will be rejected because of race, color, creed, national origin, sex, sexual orientation, age, marital status or physical disability. I understand that the Chelan Douglas CASA Program will be doing criminal background checks.**

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

