Application No.:
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## PLEASE READ THIS APPLICATION CAREFULLY.

## TRI-COUNTY COMMUNITY ACTION, INC. APPLICATION FOR EMPLOYMENT

A false or dishonest answer or failure to disclose pertinent information to any question on this application will be grounds for rating you ineligible for employment with TCCA, or for dismissing you after employment. All statements on this application are subject to investigation, including checks of salaries, references, motor vehicle records, criminal records and former employers.

If you are applying for an Early/Head Start positions you will be required to provide an updated TB and Physical at your own expense.

All TCCA employees must undergo a background check, motor vehicle record, and if for Early/Head Start, a fingerprinting is mandatory and will be paid for at our expense.

All TCCA employees must be able to provide a valid proof of identification.

You will be required to provide proof of your current personal vehicle insurance coverage. If upon investigation of our insurance carrier decides that your driving record brings ineligibility to operate our agency vehicles, this will result in immediate termination.

By providing your signature below, you acknowledge that you understand the requirements of this agency and authorize this agency to thoroughly investigate references, background history, and driving record.

Are you related to a Board Member or employee of Tri-County	?Y/N If yes, please provide their name
NAME:	DATE:
POSITION APPLYING FOR:	

TCCA is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, veteran status, or any classification protected by federal, state, or local law.



Tri-County Community
Action

## **Employment Application**

YOU MUST BE AT LEAST 18 YEARS OF AGE IN ORDER TO BE CONSIDERED FOR HIRE.

		App	olican	t Information		
Full Name:	Tool					Date:
	Last	Firs	St		M.I.	
Address:						
	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:				Email		
Date Availal		Minimum Sa			_ Desired S	Salary: <b>\$</b>
Are you out	harizad ta wark in the LLC	YES	NO			
Are you auti	horized to work in the U.S.					
Have you ev	ver worked for this compar	YES ny? □	NO	If yes, when?		
	ver been convicted of a or or felony?	YES	NO			idered for hire, a background ord will be submitted before hire
If yes, expla	ain:					
				ucation		
lliah Cabaa	1.					
High School				55		
Diploma/GE	:D:		_			
College:			Addres	ss:		
Did you g	YES NO praduate?					
Other:			Addres	ss.		
	YES NO Iraduate?					
		Refe	rence	s (Mandatory)		
Diagon II del	was anatosotawata t					
	ree professional references.					
Full Name:						nip:
					_ Pho	ne:
Addrage:						

Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
0				Phone:	
Address:					
	Previous Employment (Plea	ase give a	a comple	te history)	
Company:				Phone:	
A 1.1				•	
Job Title:	Starting S	alary: <u>\$</u>			
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact	your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:	
Responsibilities:	( <u> </u>				
From:	To:	Reason f	or Leaving:		
May we contact	your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
				· · · · · · · · · · · · · · · · · · ·	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact	your previous supervisor for a reference?	YES	NO		

	Military Service			
Branch:		From:	To:	
Rank at Discharge:	Type of Di	ischarge:		
If other than honorable, explain:				
	Disclaimer and Signatu	ire		
I certify that my answers are true and c	complete to the best of my know	wledge.		
If this application leads to employment, interview may result in my release.	I understand that false or misl	leading informat	ion in my application or	
Signature:		Date:		
	Office Use Only			
Application Received By:	Date	e Received:		
References:	Вас	Background:		
Education Records:	MVF			
FBI:	I-9:_	I-9:		
Affidavit:	TB_		Physical	
Comments:				