

Application No.: _____



TRI-COUNTY COMMUNITY ACTION, INC.

APPLICATION FOR EMPLOYMENT

Please return to TCCA Human Resources Office

Drop off: 214 Nacogdoches St.

Fax : 936-598-7273

Email: Lstafford@tccainc.org

Email: Cbeatriz@tccainc.org

Mail: P.O. Drawer 1748

Center, Texas 75935

****Important:** Beginning January 2022, all Head Start/Early Head Start Teachers and program staff will be required to be vaccinated for COVID-19 to help ensure the health and safety of the children, families, and the communities that we serve.**

*****PLEASE READ THE INSTRUCTIONS CAREFULLY*****

- 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.
- You must be at least 18 years of age in order to be considered for hire.
- You must have reliable transportation.
- 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, you acknowledge that you understand the requirements of this agency and authorize this agency to thoroughly investigate references, background history, and driving record.

Application for Employment

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.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

Position(s) applying for:	Date:
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PERSONAL DATA

Name (last, first, middle):			
Street Address and/or Mailing Address:	City:	State:	Zip:
Home Telephone Number:	Cellular Telephone Number:	E-mail address:	
Date you can start work:	Salary Desired:	Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION INFORMATION

Are you related to a Board Member or an employee of TCCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their name:
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?__
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you viewed a copy of the job description listing the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform these essential functions of the job without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, and vocational or technical programs.

	School Name	Degree	Did you graduate?	Address/City/Zip
School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS

Please list any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations, teams, etc.).

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you do not have three professional references, then list personal, unrelated references.

Name	Company	Address/City/State/Zip	Phone	Relationship

EMPLOYMENT HISTORY

Please give a complete employment history. Start with your present or most recent employment and work back. Use separate sheet if necessary.

Job Title #1:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Supervisor's Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title #2:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Supervisor's Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title #3:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Supervisor's Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY SERVICE

Branch of Service:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain:		

DISCLAIMER AND SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The Employer may contact any listed references on this application.

I acknowledge and understand that the Employer is an "at will" Employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the Employer may terminate the employment relationship with any employee at any time, with or without cause, or with or without notice to the other party.

Applicant Signature:	Date:
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OFFICE USE ONLY

Application Received By:	Date Application Received:
Date Reference #1 Checked:	Reference #1 Comments:
Date Reference #1 Checked:	Reference #1 Comments:
Date Reference #1 Checked:	Reference #1 Comments: