



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: Cierrarichard@tccainc.org

Mail: P.O. Drawer 1748

IMPORTANT INSTRUCTIONS

- Providing false or incomplete information on this application can make you ineligible for employment or lead to dismissal after hiring. All statements may be verified, including salary, references, motor vehicle records, criminal records, and past employers.
- You must be at least 18 years old to apply.
- Reliable transportation is required.
- If applying for Early/Head Start positions, you need to provide an updated TB test and physical at your own cost.
- All employees must pass a background check and have valid proof of identification. Fingerprinting is required for Early/Head Start positions, and TCCA will cover the associated costs.
- You must provide proof of your vehicle insurance. If your driving record is deemed ineligible for operating agency vehicles, you will be terminated.
- By signing, you acknowledge understanding these requirements and consent to background checks.

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.

Thank you for considering this opportunity! To help us get to know you better, please carefully read and answer all the questions on this application. It's important that you complete every question, as incomplete applications may not be considered. You're welcome to attach a resume if you'd like, but please remember that all questions still need to be answered. We appreciate your time and look forward to reviewing your application!

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? Yes No	
POSITION INFORMATION			
Are you related to a Board Member or an employee of TCCA? Yes No	If yes, please provide their name:		
Are you authorized to work in the U.S.? Yes No	Have you ever worked for this company? Yes No If yes, when? ____		
Have you ever been convicted of a misdemeanor or felony? Yes No	If yes, explain:		
Have you reviewed a copy of the job description that lists the essential functions of the job? Yes No			
Can you perform these essential functions of the job without reasonable accommodations? Yes 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			Yes No	
School			Yes No	
School			Yes No	
Other			Yes 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.).

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REFERENCES

Please list three professional references who are not related to you, including their full name, address, phone number, and the nature of your relationship. If you do not have three professional references, list personal, unrelated references instead.

Name	Company	Address/City/State/Zip	Phone	Relationship

EMPLOYMENT HISTORY

Please give a complete employment history. Start with your most recent or current employment and work backward. Use separate sheets 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? Yes 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? Yes 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? Yes 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	
<p>I certify that the information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements, omissions, or misrepresentations may lead to my dismissal. I authorize the Employer to investigate any of the details included in this application, and I release the Employer from any liability related to this investigation. The Employer may contact any references listed in this application.</p> <p>I acknowledge and understand that the Employer operates on an "at-will" basis. This means that any employee (whether regular, temporary, or in any other capacity) has the right to resign at any time, just as the Employer has the right to terminate the employment relationship at any time, with or without cause, and with or without notice to the other party.</p>	
Applicant Signature:	Date:

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: