

TRI-COUNTY COMMUNITY COUNCIL, INC.

302 NORTH OKLAHOMA STREET; P.O. Box 1210

BONIFAY, FL 32425

(850) 547-3689

(850) 547-9806 - Fax

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

NOTE: This application must be completed in its entirety and signed if you wish to be considered for employment with this Agency. All information is subject to verification.

APPLICANT INFORMATION (Please type or print in ink)

Date of Application ___/___/___ (Applications are kept on file for 1 year)

NAME _____ SOCIAL SECURITY# ___/___/___
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

HOME TELEPHONE# ___/___-___ (Other Contact # for Interview) ___/___-___

POSITION(S) APPLIED FOR _____

Have you ever been employed here before? _____ If yes, give dates & positions. _____

U.S. Citizen _____yes _____no Legal Alien _____yes _____no (Proof must be provided if Alien)

Type of employment desired ___Full-Time ___Part-Time ___Temporary

Have you been convicted of a felony within the last 7 years? ___yes ___no

[If yes, please explain _____
{Conviction will not necessarily disqualify an applicant from employment}

Driver's License Number _____ State _____ Expiration Date ___/___/___

Does a family member (refer to list below) serve on the Board of Directors of TRI-COUNTY COMMUNITY COUNCIL, INC.? _____yes _____no

Is a family member (refer to list below) currently employed with TRI-COUNTY COMMUNITY COUNCIL, INC.? _____yes _____no

A family member shall include any of the following persons:

Father	Mother	Brother	Sister	Daughter	Son
Husband Wife	Aunt	Uncle	Niece	Nephew	
First Cousin	Stepfather	Stepmother	Stepbrother	Stepsister	Stepson
Stepdaughter	Half Brother	Half Sister	Grandmother	Grandfather	Grandson
Granddaughter	Mother-in-Law	Father-in-Law	Brother-in-Law	Sister-in-Law	Son-in-Law
Daughter-in-Law					

ATTACH 3 LETTERS OF REFERENCE

EMPLOYMENT HISTORY (You may attach Resume if it contains the same requested information)
Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent.

<u>EMPLOYER</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
_____ () _____ - _____	_____	____/____/____ - ____/____/____	_____
ADDRESS _____			
DUTIES _____		IMMEDIATE SUPERVISOR & TITLE _____	
_____		REASON FOR LEAVING _____	
MAY WE CONTACT? Yes ___ No ___			
<u>EMPLOYER</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
_____ () _____ - _____	_____	____/____/____ - ____/____/____	_____
ADDRESS _____			
DUTIES _____		IMMEDIATE SUPERVISOR & TITLE _____	
_____		REASON FOR LEAVING _____	
MAY WE CONTACT? Yes ___ No ___			
<u>EMPLOYER</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
_____ () _____ - _____	_____	____/____/____ - ____/____/____	_____
ADDRESS _____			
DUTIES _____		IMMEDIATE SUPERVISOR & TITLE _____	
_____		REASON FOR LEAVING _____	
MAY WE CONTACT? Yes ___ No ___			

****ALSO REQUIRED - 3 Letters of Reference****

EDUCATION

	NAME/ADDRESS SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE/VOCATIONAL			

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST ANY JOB-RELATED SKILLS, CERTIFICATIONS, LICENSES AND/OR QUALIFICATIONS

SPECIALIZED SKILLS

____ PERSONAL COMPUTER	____ FIRST AID
____ WINDOWS XP	____ CPR
____ MICROSOFT EXCEL/COREL QUATTRO PRO	____ CDA
____ FAX	____ OTHER _____
____ ADDING MACHINE	
____ TYPING SKILLS	

NOTE: Upon hire applicant shall be required to provide proof of education, copies of driver's license, social security card, proof of vehicle insurance, and any other documents required by the agency and/or program in which the applicant will be assigned.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Tri-County Community Council, Inc., is of an "at will" nature, which means that the employee may resign at any time and may be discharged at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Tri-County Community Council, Inc.

I understand that, in the event of employment, false or misleading information given in my application interview(s), or orientation, may result in discharge. I understand, also, that I am required to abide by all policies and procedures and other directives of Tri-County Community Council, Inc.

I understand that it is my responsibility to contact Tri-County Community Council, Inc., to have my application submitted for consideration for other positions as they become available and are advertised.

SIGNATURE OF APPLICANT

DATE

**THIS PAGE IS FOR TRI-COUNTY COMMUNITY COUNCIL, INC., PERSONNEL ONLY
EMPLOYMENT HISTORY CHECKS**

Company Contacted _____	Date _____
Contact Person _____	Position _____
Dates Applicant was Employed ____/____/____ to ____/____/____	Job Title _____
Was employee reliable in attendance? _____	
Would this employee be eligible for rehire? _____	
Any other comments?	
Checked by: _____	Title _____ Date _____

Company Contacted _____	Date _____
Contact Person _____	Position _____
Dates Applicant was Employed ____/____/____ to ____/____/____	Job Title _____
Was employee reliable in attendance? _____	
Would this employee be eligible for rehire? _____	
Any other comments?	
Checked by: _____	Title _____ Date _____

Company Contacted _____	Date _____
Contact Person _____	Position _____
Dates Applicant was Employed ____/____/____ to ____/____/____	Job Title _____
Was employee reliable in attendance? _____	
Would this employee be eligible for rehire? _____	
Any other comments?	
Checked by: _____	Title _____ Date _____

Company Contacted _____	Date _____
Contact Person _____	Position _____
Dates Applicant was Employed ____/____/____ to ____/____/____	Job Title _____
Was employee reliable in attendance? _____	
Would this employee be eligible for rehire? _____	
Any other comments?	

Company Contacted _____	Date _____
Checked by: _____	Title _____ Date _____

ADDENDUM TO APPLICATION FOR EMPLOYMENT

I understand that as part of my application for employment with Tri-County Community Council, Inc., in the Transportation program, I must successfully complete

... a USDOT drug test as required by 49 CFR Part 655.17 and a negative test result acquired to be hired in the Transportation Program.

Signature of applicant

Date

**EMPLOYMENT INQUIRY RELEASE
AND
HISTORY CHECK**
TRI-COUNTY COMMUNITY COUNCIL, INC.
302 North Oklahoma Street; P. O. Box 1210
Bonifay, FL 32425
Phone # 850/547-3689 Fax # 850/547-9806

In connection with my employment with **TRI-COUNTY COMMUNITY COUNCIL, INC.**, I understand that inquiries will be made about my prior work experience which may include character, work habits, prior job performance and experience, along with reasons for termination from previous employers who possess relevant information about my suitability for employment. I understand that information will be requested from former employers who maintain records concerning my past activities while in their employ.

I authorize without reservation, any party or agency contacted by **TRI-COUNTY COMMUNITY COUNCIL, INC.**, to furnish all information while I was in their employ. I further state that any former employer is released from any and all liability which may result from furnishing such information.

Have you ever tested positive, refused to test, on any pre-employment drug or alcohol test administered by an employer which you applied for a safety-sensitive position covered by DOT drug and alcohol testing during the last two years? _____

PRINT FULL NAME: _____

SOC.SEC.NO: _____/_____/_____

CURRENT ADDRESS: _____
Street City/State Zip

SIGNATURE: _____ DATE _____

[Applicant - Do not go past this line]

The above named individual has applied for a position with **TRI-COUNTY COMMUNITY COUNCIL, INC.** We would appreciate your attention to the questions listed below and cooperation in responding. **Please return this completed form and mail to the address listed or fax to the number listed above as soon as possible.** Thank you.

Company Name: _____ Date ____/____/____

Contact Person: _____ Position _____

Dates Applicant was Employed ____/____/____ to ____/____/____

Job Title _____ Duties & Responsibilities _____

Was employee reliable in attendance? _____

Is employee eligible for rehire? _____

Any other comments: _____

Signature _____ Date ____/____/____

**RELEASE AND DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYERS
REQUIRED BY THE DEPARTMENT OF TRANSPORTATION ((8/1/01, 49cfr PART 40.25))**

**AGENCY REQUESTING: Tri-County Community Council, Inc. - 850/547-3689
FAX REPLY TO: Janice Richards, Human Resource Director @ 850/547-9806**

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two (2) years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

MUST BE COMPLETED FOR EMPLOYMENT IN THE TRANSPORTATION PROGRAM

PART 1 - To Be Completed By Applicant.

I, _____, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records: This information will be released to TRI-COUNTY COMMUNITY COUNCIL, INC.

Previous DOT covered employers for the past 2 years: PRINT CLEARLY

COMPANY NAME	ADDRESS, CITY/ STATE	PHONE NUMBER	FAX NUMBER

This Authorization is valid until withdrawn by me in writing. Dated this ____ day of _____, 200__

Name: _____ Signature _____

Social Security Number ____/____/____

PART 2 - To Be Completed By Previous Employer.

Has this person received any positive results for controlled substance tests in the past 2 years? () Yes () No

Has this person received Alcohol test results of 0.04 or greater in the past 2 years? () Yes () No

Has this person refused to participate in the required drug/or alcohol testing program in the past two years? () Yes () No

Has this person violated any other DOT covered drug & alcohol testing regulations in the past two years? () Yes () No

Has a Substance Abuse Professional (SAP) evaluated this person? () Yes () No

And, is he/she in compliance with SAP's recommendations? _____ If you answered "yes" to any of the previous questions, please release any documentation relating to the SAP evaluation and assessment.

SAP Name _____ SAP Phone # _____

Company Name _____ Date _____

Name of person releasing information _____ Signature _____

**FAX Completed form to: ATTENTION HUMAN RESOURCES - 850/547-9806 - or
Mail to: 302 North Oklahoma Street; P. O. Box 1210; Bonifay, FL 32425**

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