



Working with Community Partners to End Poverty

EMPLOYMENT APPLICATION INSTRUCTIONS

Please complete the application form as thoroughly as possible. Do not mark your application "see resume." Resumes may be included, but will not be accepted in lieu of a completed application form.

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

Name: _____ Last First M.I.

Address: _____ Street City State Zip

Phone: _____ Home Cell Work E-mail: _____

Are you legally eligible to hold employment in the U.S.? [] Yes [] No
Are you eighteen years of age or older? [] Yes [] No If under 18, state date of birth: _____
Are you presently or have you been previously employed by us? [] Yes [] No Dates of employment: _____
List all other name(s) under which your employment or educational records can be found: _____
Do you have any special needs which may necessitate accommodations in the application/interview process? [] Yes [] No

EMPLOYMENT DESIRED

Type of employment desired: [] Full Time [] Part-time [] Seasonal/Temporary
Date available for work: _____ Are you currently Employed? [] Yes [] No If yes may we contact your present employer? [] Yes [] No
If no, explain: _____

EQUAL EMPLOYMENT OPPORTUNITY
It is the policy of TCC to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, genetic disposition or age.

EMPLOYMENT HISTORY

Please provide complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

Employer: _____	Phone number: _____	DATES OF EMPLOYMENT	
		From _____ To _____	
		<small>(MO/YR) (MO/YR)</small>	
Address: _____		Hours per week: _____	
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Supervisor's Name & Title: _____		Salary: _____	
		<small>Start</small>	<small>Final</small>
Your Title _____	Number & types of positions you supervised: _____		
Reason for leaving: _____			
Summary of Responsibilities (be complete): _____			

Employer: _____	Phone number: _____	DATES OF EMPLOYMENT	
		From _____ To _____	
		<small>(MO/YR) (MO/YR)</small>	
Address: _____		Hours per week: _____	
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Supervisor's Name & Title: _____		Salary: _____	
		<small>Start</small>	<small>Final</small>
Your Title: _____	Number & types of positions you supervised: _____		
Reason for leaving: _____			
Summary of Responsibilities (be complete): _____			

Employer: _____	Phone number: _____	DATES OF EMPLOYMENT	
		From _____ To _____	
		<small>(MO/YR) (MO/YR)</small>	
Address: _____		Hours per week: _____	
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Supervisor's Name & Title: _____		Salary: _____	
		<small>Start</small>	<small>Final</small>
Your Title _____	Number & types of positions you supervised: _____		
Reason for leaving: _____			
Summary of Responsibilities (be complete): _____			

PROFESSIONAL REFERENCES

Please list people in a position to discuss your qualifications for the position you seek, such as managers, directors, or supervisors under whom you have worked. Indicate any who are related to you. TCC reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

CONVICTIONS OR CRIMINAL RECORDS

Have you ever pled guilty, no contest or been convicted of a misdemeanor or a felony? Yes No

If yes, please explain the nature of the charge and the circumstances (Conviction will not necessarily disqualify an applicant from employment)

I understand that the information on this Application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge. I authorize TCC to verify the information contained in my application and information I provided in the interview. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon my satisfactory completion of TCC pre-employment requirements which may include, but are not limited to: a health assessment, verification of current work authorization in the United States, background checks, work history and reference verification, and any other pre-employment requirements.

By signing below, I am affirming my understanding and acknowledgment that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time (subject to the employer's notice request or requirement) and the Employer may discharge Employee at any time with or without cause.

Applicant's Signature

Date

Applicant Flow Survey Form

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race / Ethnicity

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Two or more Races (Not Hispanic or Latino)

Gender

- Female
- Male

Referral Source:

- Community Organization _____
- Governmental Job Service
- Company Website
- Walk-in
- Union
- Employee Referral
- Other _____

Disability

Are you a person with a disability?

- Yes
- No

***This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, or if you need accommodation during the application or interview process, please notify us in some other manner.