



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. The information provided in this form will be used to assess your qualifications for the position. Applications and supporting documents must be received by the deadline date and time listed on the job posting. Please email completed applications to HR@tccaction.com

Position Applied for:

Date:

PERSONAL INFORMATION

Name: Last First M.I.
Address: Street City State Zip
Phone: Home Cell Work Email:

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 a current or former Head Start or Early Head Start parent? Yes No
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
Are you currently employed? Yes No If yes may we contact your present employer? Yes No If no, explain:
Date available for work:

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.

			DATES OF EMPLOYMENT	
Employer:	Phone number:	From	To	
			(MO/YR)	(MO/YR)
Address:			Hours per week:	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Supervisor's Name & Title:		Salary:	Start	Final
Your Title:	Number & Types of positions you supervised			

Reason for leaving:

Summary of Responsibilities (be complete):

			DATES OF EMPLOYMENT	
Employer:	Phone number:	From	To	
			(MO/YR)	(MO/YR)
Address:			Hours per week:	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Supervisor's Name & Title:		Salary:	Start	Final
Your Title:	Number & Types of positions you supervised			

Reason for leaving:

Summary of Responsibilities (be complete):

			DATES OF EMPLOYMENT	
Employer:	Phone number:	From	To	
			(MO/YR)	(MO/YR)
Address:			Hours per week:	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Supervisor's Name & Title:		Salary:	Start	Final
Your Title:	Number & Types of positions you supervised			

Reason for leaving:

Summary of Responsibilities (be complete):

VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

Name of Organization	Work Performed	#Hrs/Wk	From	To

SKILLS, TRAINING & ADDITIONAL EXPERIENCE

Describe any skills, abilities, training or other experiences that will help you in this position:

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section if required):

Type of License	License Number	State Issued	Expiration Date

EDUCATIONAL INFORMATION

Did you graduate from high school? Yes No GED

High School Name:

High School

City

State

Name and location of college, university,
And/or technical schools

Dates of attendance

Major/Minor or study

Degree received

REFERENCES

Please list 2 references other than relatives or previous employers. 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:

Email:

Name:

Address:

Daytime Phone:

Title:

Relationship:

Email:

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	
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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

- | | |
|---|---|
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or more Races (Not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

Gender

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary |
| <input type="checkbox"/> Male | |

Disability

Are you a person with a disability?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Referral Source:

- | | |
|--|--|
| <input type="checkbox"/> Community Organization _____ | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Governmental Job Service | <input type="checkbox"/> Union |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Company Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Online job board (list name): _____ | |

***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.