

# How to Complete and Sign a Fillable PDF Form

## Option 1: on Computer – Online

Use only the latest version of **Adobe Reader®** to complete fillable PDF forms. Mac and Windows versions of the free Adobe Reader are available from **Adobe®**. Click [here](#).

1. Before completing the document save the form (PDF format) to a location on your computer.
2. Open the PDF form and begin filling it in by typing your information directly into the document.
3. When you are done, on the right-hand side, select Fill & Sign.
4. Select Sign in the Fill & Sign menu.
5. Choose Add Signature or Add Initials.
6. You can draw your signature draw with your trackpad, with a mouse, or import your signature from a photo.
7. If you're on a Surface device, you can use your Surface Pen to write your signature in the field. After you have completed the form, save a final version of the file to your computer.

## Option 2: Adobe Fill & Sign App® – for Android and iOS devices

Download the **Adobe Fill & Sign®** app from the Play Store or Apple App Store.

1. Select your PDF and open using **Adobe Fill & Sign®**.
2. Enter the required information into the text fields.
3. Adjust the text size to fit the text field size.
4. Select the fountain pen icon to create a signature or initials.
5. Use your finger to draw your signature above the blue line.
6. Tap the fountain pen again and select your signature.
7. Drag and scale your signature.
8. Select the share icon to save or share your PDF.

## Option 3: Print and Complete by Hand

**Submission Options (including needed documentation):**

1) Email: [HR@tccaction.com](mailto:HR@tccaction.com) Subject Line: **HR – Employment Application**

2) Drop-off or Mail\*: **TCC Action Partnership – Attn: H.R.**

For Crow Wing County: 2410 Oak St, Brainerd, MN 56401

For Morrison County: 501 LeMieur St, Little Falls, MN 56345

For Todd County: 20 9<sup>th</sup> St SE, Long Prairie (Drop-Off Weds only) – Mail to Little Falls

3) Fax: 1 (855) 709-7928



*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.

Position Applied for:

Date:

### PERSONAL INFORMATION

Name: *Last*

*First*

*M.I.*

Address: *Street*

*City*

*State*

*Zip*

Phone: *Cell*

Email:

Are you legally eligible to hold employment in the U.S.?

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 to work:

### EQUAL OPPORTUNITY EMPLOYER

It is the policy of Tri-County Community Action Partnership to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, gender identity, genetic information, or any other protected characteristic under applicable law.

## EMPLOYMENT HISTORY

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

Employer: Phone number: From To  
Address: *Street* *City* *State* *Zip Code*  
Supervisor's Name & Title: Hours per week:  
Your Title: Number & Types of positions you supervised:  
Reason for leaving:  
Summary of Responsibilities (be complete):

---

Employer: Phone number: From To  
Address: *Street* *City* *State* *Zip Code*  
Supervisor's Name & Title: Hours per week:  
Your Title: Number & Types of positions you supervised:  
Reason for leaving:  
Summary of Responsibilities (be complete):

---

Employer: Phone number: From To  
Address: *Street* *City* *State* *Zip Code*  
Supervisor's Name & Title: Hours per week:  
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 |  |
|------|--|--|--|

## 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)

Asian

Black or African American (not Hispanic or Latino)

American Indian or Alaskan Native

Hispanic or Latino

Two or more Races (Not Hispanic or Latino)

Native Hawaiian or other Pacific Islander

## Gender

Female

Non-Binary

Male

## Disability

Are you a person with a disability?

Yes

No

## Referral Source:

Community Organization \_\_\_\_\_

Walk-in

Governmental Job Service

Union

Newspaper

Employee Referral

Company Website

Other \_\_\_\_\_

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.