TRI-COUNTY COMMUNITY COUNCIL, INC.

302 NORTH OKLAHOMA STREET; P.O. Box 1210
BONIFAY, FL 32425
PHONE: (850) 547-3689 | FAX: (850) 547-9806

EMPLOYMENT APPLICATION

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

To be considered for employment with this agency, the application must be fully completed and signed
All information provided is subject to verification.

APPLICANT INFORMATION (Type or Print in Blue Ink)

NAME _____
(Last) (First) (Middle)

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

PHONE NUMBER _____ Other contact # for Interview _____

POSITION(S) APPLIED FOR _____

Have you ever been employed here before? □ YES □ NO If yes, give dates & position(s) _____

Type of employment desired □ Full-Time □ Part-Time □ Temporary

U.S. Citizen □ YES □ NO Legal Alien □ YES □ NO (Proof must be provided if Alien)

Driver's License Number _____ State _____ Expiration Date _____

Does a family member serve on the Board of Directors of Tri-County Community Council, Inc.? □ YES □ NO

Is a family member 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 Nephew Niece Uncle Aunt Wife Husband First Cousin Stepfather Stepmother Stepsister Stepson Stepdaughter Half Brother Half Sister Grandmother Granddaughter Father-in-Law Brother-in-Law Sister-in-Law Son-in-Law Daughter-in-Law Mother-in-Law

EMPLOYMENT HISTORY - Please provide your employment history for the past five years, starting with your current or most recent position. You may attach a resume if it includes the requested information

EMPLOYER____ PHONE NUMBER ________________________________

ADDRESS ____

(Street) (City) (State) (Zip)

DATES EMPLOYED FROM ___/___/___ TO ___/___/___

JOB TITLE ____

DUTIES & RESPONSIBILITIES ____

____

REASON FOR LEAVING ____

IMMEDIATE SUPERVISOR & TITLE ____

MAY WE CONTACT? ☐ YES ☐ NO

EMPLOYER____ PHONE NUMBER ________________________________

ADDRESS ____

(Street) (City) (State) (Zip)

DATES EMPLOYED FROM ___/___/___ TO ___/___/___

JOB TITLE ____

DUTIES & RESPONSIBILITIES ____

____

REASON FOR LEAVING ____

IMMEDIATE SUPERVISOR & TITLE ____

MAY WE CONTACT? ☐ YES ☐ NO

EMPLOYER____ PHONE NUMBER ________________________________

ADDRESS ____

(Street) (City) (State) (Zip)

DATES EMPLOYED FROM ___/___/___ TO ___/___/___

JOB TITLE ____

DUTIES & RESPONSIBILITIES ____

____

REASON FOR LEAVING ____

IMMEDIATE SUPERVISOR & TITLE ____

MAY WE CONTACT? ☐ YES ☐ NO

REQUIRED: 3 LETTERS OF REFERENCE

EDUCATION	NAME – SCHOOL ADDRESS	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, LICENSE AND/OR QUALIFICATIONS

_____

_____

SPECIALIZED SKILLS

☐ PERSONAL COMPUTER ☐ EXCEL ☐ FIRST AID/CPR ☐ POWER POINT

☐ TYPING SKILLS ☐ WORD ☐ CDA ☐ WINDOWS OS 7 OR HIGHER

☐ CALCULATOR ☐ OTHER _____

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**

EMPLOYMENT INQUIRY RELEASE AND HISTORY CHECK

TRI-COUNTY COMMUNITY COUNCIL, INC.
302 North Oklahoma Street; P.O. Box 1210
Bonifay, Florida 32425
Phone Number: (850) 547-3689 | Fax Number: (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 employment.

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

NAME _____
(Last) (First) (Middle)

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

SIGNATURE _____ DATE _____

PLEASE CALL IF ADDITIONAL INFORMATION IS NEEDED.

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.

COMPANY NAME _____ DATE _____

CONTACT PERSON _____ POSITION _____

DATE APPLICANT WAS EMPLOYED _____/_____/_____ TO _____/_____/_____

JOB TITLE _____ DUTIES & RESPONSIBILITIES _____

_____

WAS EMPLOYEE RELIABLE IN ATTENDANCE? ☐ YES ☐ NO

IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

ADDITIONAL COMMENTS _____

SIGNATURE _____ DATE _____

Return Completed Form to: Tri-County Community Council, Inc.
Attention: Human Resource Department
Fax (850) 547-9806

FOR AGENCY USE ONLY – EMPLOYMENT CHECKS

COMPANY NAME ____ DATE ______________________

CONTACT PERSON ______________________________________ POSITION __________________________________

DATE APPLICANT WAS EMPLOYED ________/________/________ TO _______/________/________

JOB TITLE ___________________________________ DUTIES & RESPONSIBILITIES ___________________________

____

WAS EMPLOYEE RELIABLE IN ATTENDANCE? ☐ YES ☐ NO

IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

ADDITIONAL COMMENTS ____

CHECKED BY _____________________________ TITLE __________________________ DATE __________________

COMPANY NAME ____ DATE ______________________

CONTACT PERSON ______________________________________ POSITION __________________________________

DATE APPLICANT WAS EMPLOYED ________/________/________ TO _______/________/________

JOB TITLE ___________________________________ DUTIES & RESPONSIBILITIES ___________________________

____

WAS EMPLOYEE RELIABLE IN ATTENDANCE? ☐ YES ☐ NO

IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

ADDITIONAL COMMENTS ____

CHECKED BY _____________________________ TITLE __________________________ DATE __________________

COMPANY NAME ____ DATE ______________________

CONTACT PERSON ______________________________________ POSITION __________________________________

DATE APPLICANT WAS EMPLOYED ________/________/________ TO _______/________/________

JOB TITLE ___________________________________ DUTIES & RESPONSIBILITIES ___________________________

____

WAS EMPLOYEE RELIABLE IN ATTENDANCE? ☐ YES ☐ NO

IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

ADDITIONAL COMMENTS ____

CHECKED BY _____________________________ TITLE __________________________ DATE __________________

TRANSPORTATION POSITION(S) ONLY

Pre-Employment Notification and Acknowledgement

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655[1]. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Have you tested positive or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years?

☐ YES ☐ NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O?

☐ YES ☐ NO

NAME _____

(Last) (First) (Middle)

SIGNATURE _____ DATE _____

A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.

TRANSPORTATION POSITION(S) ONLY

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

Return Completed Form to: Tri-County Community Council, Inc.
Attention: Human Resource Department
Fax (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 to furnish the requested information 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 _____, 20 _____

NAME _____
(Last) (First) (Middle)

SIGNATURE _____ SOCIAL SECURITY NUMBER _____/_____/_____

PART 2 – To Be Completed by 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? □ YES □ NO

If you answered "yes" to any of the previous questions, please release any documentation relating to the SAP evaluation and assessment.

SAP NAME	SAP NUMBER	COMPANY NAME	PERSON RELEASING INFO

SIGNATURE _____ DATE _____