

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

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

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

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 _____