

# TRI-COUNTY COMMUNITY COUNCIL, INC.

302 NORTH OKLAHOMA STREET; P.O. Box 1210

BONIFAY, FL 32425

(850) 547-3689

(850) 547-9806 - Fax

## EMPLOYMENT APPLICATION

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

**NOTE:** This application must be completed in its entirety and signed if you wish to be considered for employment with this Agency. All information is subject to verification.

### APPLICANT INFORMATION (Please type or print in ink)

**Date of Application** \_\_\_/\_\_\_/\_\_\_ (Applications are kept on file for 1 year)

**NAME** \_\_\_\_\_ **SOCIAL SECURITY#** \_\_\_/\_\_\_/\_\_\_  
(Last) (First) (Middle)

**ADDRESS** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**HOME TELEPHONE#** \_\_\_/\_\_\_-\_\_\_ (Other Contact # for Interview) \_\_\_/\_\_\_-\_\_\_

**POSITION(S) APPLIED FOR** \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If yes, give dates & positions. \_\_\_\_\_

U.S. Citizen \_\_\_\_\_yes \_\_\_\_\_no Legal Alien \_\_\_\_\_yes \_\_\_\_\_no (Proof must be provided if Alien)

Type of employment desired \_\_\_Full-Time \_\_\_Part-Time \_\_\_Temporary

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Does a family member (refer to list below) serve on the Board of Directors of TRI-COUNTY COMMUNITY COUNCIL, INC.? \_\_\_\_\_yes \_\_\_\_\_no

Is a family member (refer to list below) 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
Husband	Wife	Aunt	Uncle	Niece	Nephew
First Cousin	Stepfather	Stepmother	Stepbrother	Stepsister	Stepson
Stepdaughter	Half Brother	Half Sister	Grandmother	Grandfather	Grandson
Granddaughter	Mother-in-Law	Father-in-Law	Brother-in-Law	Sister-in-Law	Son-in-Law
Daughter-in-Law					

**Note:** Dept. Children & Family Services Background Checks Required

**ATTACH 3 LETTERS OF REFERENCE**

**EMPLOYMENT HISTORY** (You may attach Resume if it contains the same requested information)

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent.

<u>EMPLOYER</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u>		<u>JOB TITLE</u>
		<u>FROM</u>	<u>TO</u>	
_____ ( ) _____ - _____		___/___/___ - ___/___/___		_____
ADDRESS _____				
DUTIES TITLE		IMMEDIATE SUPERVISOR &		
_____		_____		
_____		REASON FOR LEAVING		
_____		_____		
MAY WE CONTACT? Yes___ No___				

<u>EMPLOYER</u> <u>TITLE</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u>		<u>JOB</u>
		<u>FROM</u>	<u>TO</u>	
_____ ( ) _____ - _____		___/___/___ - ___/___/___		_____
ADDRESS _____				
DUTIES		IMMEDIATE SUPERVISOR & TITLE		
_____		_____		
_____		REASON FOR LEAVING		
_____		_____		
MAY WE CONTACT? Yes___ No___				

<u>EMPLOYER</u> <u>TITLE</u>	<u>TELEPHONE #</u>	<u>DATES EMPLOYED</u>		<u>JOB</u>
		<u>FROM</u>	<u>TO</u>	
_____ ( ) _____ - _____		___/___/___ - ___/___/___		_____
ADDRESS _____				
DUTIES TITLE		IMMEDIATE SUPERVISOR &		
_____		_____		
_____		REASON FOR LEAVING		
_____		_____		
MAY WE CONTACT? Yes___ No___				

**\*\* ALSO REQUIRED - 3 Letters of Reference**

**EDUCATION**

	NAME/ADDRESS SCHOOL	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, LICENSES AND/OR QUALIFICATIONS**

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**SPECIALIZED SKILLS**

___ PERSONAL COMPUTER	___ FIRST AID
___ WINDOWS XP	___ CPR
___ MICROSOFT EXCEL/COREL QUATTRO PRO	___ CDA
___ FAX	___ OTHER _____
___ ADDING MACHINE	
___ TYPING SKILLS	

**NOTE:** 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

**THIS PAGE IS FOR TRI-COUNTY COMMUNITY COUNCIL, INC., PERSONNEL ONLY**

**EMPLOYMENT HISTORY CHECKS**

Company Contacted \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Dates Applicant was Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job Title \_\_\_\_\_

Was employee reliable in attendance? \_\_\_\_\_

Would this employee be eligible for rehire? \_\_\_\_\_

Any other comments?

Checked by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Contacted \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Dates Applicant was Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job Title \_\_\_\_\_

Was employee reliable in attendance? \_\_\_\_\_

Would this employee be eligible for rehire? \_\_\_\_\_

Any other comments?

Checked by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Contacted \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Dates Applicant was Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job Title \_\_\_\_\_

Was employee reliable in attendance? \_\_\_\_\_

Would this employee be eligible for rehire? \_\_\_\_\_

Any other comments?

Checked by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Contacted \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Dates Applicant was Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job Title \_\_\_\_\_

Was employee reliable in attendance? \_\_\_\_\_

Would this employee be eligible for rehire? \_\_\_\_\_

Any other comments?

Checked by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## **ADDENDUM TO APPLICATION FOR EMPLOYMENT**

**I understand that as part of my application for employment with Tri-County Community Council, Inc., in the Transportation program, I must successfully complete .....**

**... a USDOT drug test as required by 49 CFR Part 655.17 and a negative test result acquired to be hired in the Transportation Program.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**EMPLOYMENT INQUIRY RELEASE  
AND**

**HISTORY CHECK**

**TRI-COUNTY COMMUNITY COUNCIL, INC.**  
302 North Oklahoma Street; P. O. Box 1210  
Bonifay, FL 32425  
Phone # 850/547-3689 Fax # 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 employ.

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

Have you ever tested positive, refused to test, on any pre-employment drug or alcohol test administered by an employer which you applied for a safety-sensitive position covered by DOT drug and alcohol testing during the last two years? \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

SOC.SEC.NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City/State Zip

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**[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. **Please return this completed form and mail to the address listed or fax to the number listed above as soon as possible.** Thank you.

Company Name: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position \_\_\_\_\_

Dates Applicant was Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title \_\_\_\_\_ Duties & Responsibilities \_\_\_\_\_

Was employee reliable in attendance? \_\_\_\_\_

Is employee eligible for rehire? \_\_\_\_\_

Any other comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AGENCY REQUESTING: Tri-County Community Council, Inc. - 850/547-3689**  
**FAX REPLY TO: Janice Richards, Human Resource Director @ 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 (for which I worked) to furnish the information requested 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 \_\_\_\_\_, 200\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2 - To Be Completed By Previous 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? \_\_\_\_\_ If you answered "yes" to any of the previous questions, please release any documentation relating to the SAP evaluation and assessment.

SAP Name \_\_\_\_\_ SAP Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Name of person releasing information \_\_\_\_\_ Signature \_\_\_\_\_

**FAX Completed form to: ATTENTION HUMAN RESOURCES - 850/547-9806 - or**  
**Mail to: 302 North Oklahoma Street; P. O. Box 1210; Bonifay, FL 32425**