



PLEASE READ THIS APPLICATION CAREFULLY.

TRI-COUNTY COMMUNITY ACTION, INC.  
APPLICATION FOR EMPLOYMENT

If you are applying for an Early/Head Start positions you will be required to provide an updated TB and Physical at your own expense.

All TCCA employees must undergo a background check, motor vehicle record check, drug test, and fingerprinting. These requirements are paid for at the agency's expense. Social Services employees will not to be fingerprinted unless it is a Licensing or Head Start requirement.

All TCCA employees are considered drivers and must be able to provide a valid Driver License, and motor vehicle insurance. If you do not have vehicle insurance, you must be able to provide a Non Owner's policy at time of hire.

You will be required to provide proof of your current personal vehicle insurance coverage. If upon investigation during employment, that our insurance carrier decides your driving record considers you ineligible to operate our agency vehicles or your personal vehicles, this will result in immediate termination, if not resolved within 5 days of notice.

By providing your signature on this application, you acknowledge that you understand the requirements of this agency. A false or dishonest answer or failure to disclose pertinent information to any question on this application will be grounds for rating you ineligible for employment with TCCA, or for dismissing you after employment. All statements on this application are subject to investigation, including checks of salaries, references, motor vehicle records, criminal records and former employers.

Are you related to a Board Member or employee of Tri-County? \_\_\_ Y/N If yes, please provide their name \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

TCCA is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, veteran status, or any classification protected by federal, state, or local law.

Please return to the Human Resources Department  
214 Nacogdoches St.  
P.O. Drawer 1748  
Center, Texas 75935  
Fax to: 936-598-7273  
Email to: [cleary@tccainc.org](mailto:cleary@tccainc.org) or [cbeatriz@tccainc.org](mailto:cbeatriz@tccainc.org)



# Tri-County Community Action

YOU MUST BE AT LEAST 18 YEARS OF AGE IN ORDER TO BE CONSIDERED FOR HIRE.

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Minimum Salary:\$ \_\_\_\_\_ Desired Salary:\$ \_\_\_\_\_

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? YES NO

Please be advised that if considered for hire, a background check and a motor vehicle record will be submitted before hire.

If yes, explain: \_\_\_\_\_

### Education (Must High School Equivalency to be considered for hire)

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Diploma/GED: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

## References (Mandatory)

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment (Please give a complete history of at least 10 years)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

References: \_\_\_\_\_

**Background:** \_\_\_\_\_

Education Records: \_\_\_\_\_

**MVR:** \_\_\_\_\_

FBI: \_\_\_\_\_

I-9: \_\_\_\_\_

Affidavit: \_\_\_\_\_

**TB** \_\_\_\_\_ **Physical** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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