

**TRI-COUNTY COMMUNITY ADJUDICATION PROGRAM
(TRI-CAP)
APPLICATION FOR EMPLOYMENT**

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN TRI-CAP. ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED. WE APPRECIATE THE TIME YOU SPEND COMPLETING THIS APPLICATION FORM. TRI-CAP, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

**APPLICATION MUST BE FILLED OUT COMPLETELY
PLEASE PRINT**

NAME _____
 Last First Middle

ADDRESS _____
 Street City State Zip Code

TELEPHONE NUMBER (_____) _____ - _____
 Area Code

ARE YOU UNDER 18 YEARS OF AGE? _____ _____
 Yes No

IF HIRED, WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

SOME JOBS AT TRI CAP MAY REQUIRE WORK ON SATURDAYS, SUNDAYS, AND HOLIDAYS. WHILE REASONABLE ACCOMMODATION CAN BE MADE FOR YOU, ARE YOU WILLING TO WORK SUCH A SCHEDULE? _____ _____
 Yes No

IF "NO", PLEASE BRIEFLY EXPLAIN:

RECORD OF EDUCATION:

School Locations	Name & Location of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diplomas or Degrees
High			1	2	3	4		
College / University			1	2	3	4		
Other (specify)			1	2	3	4		

ARE YOU ATTENDING OR HAVE YOU COMPLETED ANY CLASSES OR SPECIALIZED TRAINING THAT WOULD QUALIFY YOU FOR THIS POSITION?

Yes _____ No _____

IF YES, PLEASE DESCRIBE:

EMPLOYMENT HISTORY:

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR _____

DESCRIBE THE TYPE OF WORK YOU PERFORMED:

YOUR REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

DESCRIBE THE TYPE OF WORK YOU PERFORMED:

YOUR REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

DESCRIBE THE TYPE OF WORK YOU PERFORMED:

YOUR REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

DESCRIBE THE TYPE OF WORK YOU PERFORMED:

YOUR REASON FOR LEAVING:

REFERENCES:

List names and telephone numbers of three (3) personal/business references who are not related to you.

	NAME	TELEPHONE NUMBER	YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE COUNTRY? Yes__ No __
(Proof of citizenship or immigration status may be required upon employment.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, WHEN, WHERE, AND WHAT IS THE NATURE OF THE OFFENSE? PLEASE EXPLAIN:

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? IF SO, WHEN, WHERE, AND WHAT IS THE NATURE OF THE CHARGE? PLEASE EXPLAIN:

MILITARY SERVICE RECORD

WERE YOU IN THE ARMED FORCES? Yes ____ No ____

IF YES, WHAT BRANCH? _____

DESCRIBE JOB RELATED MILITARY TRAINING.

RANK AT DISCHARGE:

ACKNOWLEDGEMENT AND CERTIFICATION

I ACKNOWLEDGE THAT CONSIDERATION FOR EMPLOYMENT IS CONTINGENT ON THE RESULTS OF A REFERENCE AND BACKGROUND CHECK. THEREFORE, I AUTHORIZE TRI-CAP TO: (1) INVESTIGATE THE TRUTHFULNESS OF ALL STATEMENTS MADE ON THIS APPLICATION; (2) CONTACT MY FORMER EMPLOYERS AND OTHER LISTED REFERENCES OR ANY OTHER PERSONS WHO CAN VERIFY INFORMATION; (3) DISCUSS RESULTS OF ANY INVESTIGATION WITH OTHER EMPLOYEES OF TRI-CAP INVOLVED IN THE HIRING PROCESS. IN ADDITION, I GIVE MY CONSENT FOR ALL CONTACTED PERSONS, INCLUDING FORMER EMPLOYERS, TO PROVIDE INFORMATION CONCERNING THIS APPLICATION, AND I RELEASE EACH SUCH PERSON FROM LIABILITY FOR PROVIDING INFORMATION TO TRI-CAP.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IN ANY DETAIL IS GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR FOR DISMISSAL FROM EMPLOYMENT IN ACCORDANCE WITH THE TRI-CAP POLICY.

SIGNATURE

DATE