

**TRI-COUNTY HELP CENTER, INC.**

**APPLICATION FOR EMPLOYMENT**

Applicants for employment are considered regardless of their race, color, religion, gender, sexual orientation, national origin, age marital status, disability or veteran status.

(Please Print) Today's Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Educational Background – list the school(s) you have attended:

Name of School	Location of School	Date Completed	Degree/Certificate Held

Employment Background – list your last three employers.

Name of Employer	Location of Employer	Position Held	Reason for Leaving

Reference – list three references with contact information for each.

Name of Reference	Address of Reference	Telephone Number	Email Address	Relationship to Applicant

List any other experiences, i.e. volunteer activities, of which you want the agency to be aware.

---



---



---



---

Have you been employed by the agency in the past? \_\_\_ Yes \_\_\_ No

If "Yes", what were the dates of employment? \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

If "Yes", may we contact your current employer? \_\_\_\_\_  
Name of Employer Phone

Are you prevented from becoming employed in this country due to a visa or immigration status?  
(Proof of citizenship or immigration status will be required upon employment) \_\_\_ Yes \_\_\_ No

On what date would you be available to work? \_\_\_\_\_

My signature verifies that the information provided herein is truthful and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date