

**THAMES VALLEY COUNCIL
FOR COMMUNITY ACTION, INC.**

Application for Employment

One Sylvandale Road
Jewett City, CT 06351



PLEASE RETURN TO:
TVCCA- Human Resources
401 West Thames Street, Unit 201
Norwich, CT 06360-7155
(860) 889-1365

The Mission at Thames Valley Council for Community Action, Inc. (TVCCA) is to improve the overall well-being of individuals and families in need within our service area.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address: Number	Street	City
		State
		Zip
Telephone Number(s)		

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If name different: _____ If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country
because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: Full Time Part Time

Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

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

(PLEASE PRINT)

Position(s) Applied for	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other

Can you travel if the job requires it? Yes No

Do you have reliable transportation and insurance? (Proof required) Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

EMPLOYMENT HISTORY Complete this section

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Previous employers shall be contacted for a work reference.

1.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Start	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Start	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Start	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Start	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EDUCATION **Complete this section**

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeships, skills, volunteer activities and certificates.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills, training and qualifications acquired from employment or other experience.

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 further give TVCCA authorization to contact personal/professional references listed.

Prior to interviewing a candidate for employment, the appointing authority must obtain information from the candidate sufficient to screen the prospective employee for prohibited nepotistic relationships identified below.

- a. Employment within TVCCA is prohibited whenever the prospective employee or a member of his/her immediate family serves on the Board or a committee of TVCCA or a delegate agency of TVCCA and that Board or committee or delegate agency has authority to order personnel actions affecting his/her job or, either by rule or practice, regularly nominates, recommends, or screens candidates for the agency or programs in which he/she is to be employed.
- b. No person shall be employed in a position over which a member of his/her immediate family exercises direct supervisory authority.
- c. No person shall be employed within TVCCA if a member of his/her immediate family is in a management position within the agency. For the purposes of this section a management position is defined as a member of the Executive staff, Senior Administrators, Program Directors, and Assistant Program Directors.

"Immediate family" is defined as one of the following:

Spouse	Son	Brother-in-law	Step Mother	Grand parent / Grandchild
Father	Daughter	Sister-in-law	Step Brother	
Mother	Civil Unions	Son-in-law	Step Sister	
Brother	Father-in-law	Daughter-in-law	Step Son	
Sister	Mother-in-law	Step Father	Step Daughter	

I, _____, certify that I have read and understand the above statement.

I further certify that I have _____, do not have _____, a relative as an employee of TVCCA, its delegate agencies, or a member of its Board of Trustees. List relatives, if any: _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations and policies of the employer.

Signature of Applicant

Date

FOR AGENCY USE ONLY

Arrange Interview

Yes

No

Remarks

Interviewer _____

Date _____

Date of Employment _____

Fill-in

Regular

Temporary

Full-Time

Part-Time

Hours _____

Weeks _____

Position _____

Hourly Rate/

Salary _____

Program _____

Location _____

Hired By _____

Name and Title _____

Date _____

Assistant Director/Director _____

Date _____

NOTES:
