



TCRC, Inc.

APPLICATION FOR POSITION

Date _____

TCRC is an affirmative action/equal opportunity employer, and no person shall, on the grounds of race, gender, national origin, religion, age, color, military/veteran status, disability status, sexual orientation, or other protected category, be subject to discrimination under any program or activity of the agency, including employment.

PERSONAL

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
SALARY REQUIREMENTS: Please list your salary requirements for position applied for: _____			Home Phone No. Cell Phone No.

EMPLOYMENT OBJECTIVES - AVAILABILITY

POSITION APPLIED FOR	
HOW WERE YOU REFERRED TO TCRC	DATE AVAILABLE FOR WORK
HAVE YOU EVER BEEN EMPLOYED BY TCRC	WILL YOU ACCEPT PART TIME WORK?
LONG RANGE OCCUPATIONAL GOALS:	WILL YOU ACCEPT TEMPORARY WORK?
SPECIAL SKILLS YOU POSSESS:	SHIFT OR HOURS YOU CAN WORK: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/>

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				VERIF.
TYPE	STATE ISSUED	DATE	NO.	
TYPE	STATE ISSUED	DATE	NO.	

PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1. Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	
State Job Title and Describe Your Work	Reason for Leaving

2. Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	
State Job Title and Describe Your Work	Reason for Leaving
3. Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	
State Job Title and Describe Your Work	Reason for Leaving
4. Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	
State Job Title and Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number(s) _____ Reason _____

REFERENCES

List at least three professional/work references who are not relatives:

NAME	COMPANY & ADDRESS	PRESENT TITLE	TELEPHONE

CERTIFICATION

The answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct. I have not knowingly withheld any facts or circumstances that would adversely affect my position. I understand that any misrepresentation of facts may result in my discharge. I also understand that I will be required to successfully pass various background checks and/or medical examinations based on the requirements of the position for which I am applying. This agreement does not bind either party for any specific period regarding employment, and I recognize that employment at TCRC, Inc. is at will and can be terminated with or without cause by either the employee or TCRC unless there exists a specific written Agreement to the contrary.

I further agree to work a shift or shifts other than the one to which I will be assigned at the time of employment, if it becomes necessary for the efficiency of TCRC.

Date

Signature

TAZEWELL COUNTY RESOURCE CENTERS, INC.

PRE-EMPLOYMENT INVITATION TO SELF IDENTIFY

Date: _____

Name: _____

Position Applied for: _____

Race / Ethnic Group:

- Hispanic / Latino (If yes, check box and skip to gender. Others use the race categories below.)
- White
- Black
- Asian
- American Indian / Alaska Native
- Hawaiian / Pacific Islander
- Two or More Races

Gender: Male Female

Signature: _____

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, sexual orientation, disability, or other protected category.

Please complete this information to assist us in complying with equal opportunity / affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

Pre-Employment Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.' To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a
- Diabetes
- Schizophrenia
- Missing limbs or
- Intellectual disability
- Epilepsy
- Muscular dystrophy
- partially missing limbs
- (previously called mental retardation)

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DO NOT HAVE A DISABILITY

I DO NOT WISH TO ANSWER

Your Name _____

Today's Date _____

Pre-Employment Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM FOR ELIGIBLE VETERANS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be re-employed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

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- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN