

**TRI-COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE  
EMPLOYMENT APPLICATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street County

City State Zip

Telephone \_\_\_\_\_ May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously been employed by TCCADA? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have relatives employed by TCCADA? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever had an open case with the Department of Social Services in South Carolina or any other state for allegations of child abuse/neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: A "yes" answer to these questions will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.*

If yes:	Charge(s)	Where convicted	Date	Disposition or current status
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Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally permitted to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service from any job? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Position(s) applied for:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you willing to accept the following types of positions? Please answer all three

Temporary: Yes \_\_\_\_\_ No \_\_\_\_\_ Full Time: Yes \_\_\_\_\_ No \_\_\_\_\_ Part Time: Yes \_\_\_\_\_ No \_\_\_\_\_

Earliest date that you could start work: \_\_\_\_\_  
Month Day Year

Desired Salary Range: \_\_\_\_\_

**EDUCATION AND SKILLS**

Do you possess a High School Diploma or valid GED High School Equivalency Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

School name and location	Graduated? Yes _____ No _____	Degree/Diploma Date Received
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College(s): \_\_\_\_\_

Graduate School(s) \_\_\_\_\_

Please list any professional licenses/certifications, numbers and expiration dates: \_\_\_\_\_

## WORK HISTORY

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

If yes, may we contact your present employer regarding your service and employment record? Yes \_\_\_\_\_ No \_\_\_\_\_

Instructions: Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated. Work history must be completed even if resume is attached.

1. List employers beginning with current or most recent. Explain any periods of unemployment not related to school.
2. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
3. If space is too limited for listing all of your work history, you may use additional sheets of paper following the same format used below. Sign your name and attach additional sheets to this application.

**Current or Most Recent Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates employed in this position: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Position Title \_\_\_\_\_ Name & Phone # of supervisor: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

**Second Most Recent Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates employed in this position: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Position Title \_\_\_\_\_ Name & Phone # of supervisor: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

**Third Most Recent Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates employed in this position: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Position Title \_\_\_\_\_ Name & Phone # of supervisor: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

**Professional References: Please give name, address, and telephone number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

My signature below certifies that the foregoing statements are true and correct to the best of my knowledge and belief. I hereby authorize the Tri-County Commission on Alcohol and Drug Abuse, TCCADA, to verify all information set forth in this application. I also authorize TCCADA to make other inquiries which may be necessary in arriving at an employment decision. I understand that any false, incomplete, or misleading information will be grounds for rejection of this application, or if subsequently discovered, grounds for immediate termination. I understand that any employment with TCCADA will be "at will". Furthermore, by my signature I authorize TCCADA to conduct all necessary background checks pertaining to my suitability for employment which may include current and former employer job reference checks and criminal history check. I hereby release said companies, schools or persons from all liability for any damage of issuing this information.

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Applicant's Signature

Date

## EEO DATA REPORTING FORM

TCCADA is an equal opportunity employer. We require that the following information be collected to comply with federal statistical reporting guidelines. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual.

Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (required for SLED check)

Last Name: \_\_\_\_\_ (Maiden Name if applicable) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (required for SLED check)  
Month Day Year

Ethnicity: \_\_\_\_\_ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Race:
- \_\_\_\_\_ White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
  - \_\_\_\_\_ Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
  - \_\_\_\_\_ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
  - \_\_\_\_\_ American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  - \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)– A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - \_\_\_\_\_ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five race categories.

If handicapped or otherwise physically impaired, will you need reasonable accommodations to participate in the selection process (e.g., interview, written test, or job demonstration)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please notify TCCADA's Administrative Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date