



**TOTAL COMMUNITY ACTION, INC.**  
**1420 SOUTH NORMAN C. FRANCIS PARKWAY**  
**NEW ORLEANS, LOUISIANA 70125**

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

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

Present Address \_\_\_\_\_  
                                   Number              Street                      City                      State                      Zip

Telephone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Employment desired      FULL-TIME ONLY    PART-TIME ONLY

Are you legally authorized to work in this country?  YES    NO

When are you available to start work?

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALIZATION	NUMBER OF YEARS COMPLETED
High School				
College/ University				
Professional or Graduate School				

Did you graduate high school or complete GED equivalent?  YES    NO

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of Employer</b>  <b>Address</b>  <b>City, State, Zip</b>  <b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
		<b>From</b>  <b>To</b>	<b>Start</b>  <b>Final</b>
	<b>Job Title</b>		

**Reason for leaving (be specific):**

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.


<b>Name of Employer</b>  <b>Address</b>  <b>City, State, Zip</b>  <b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
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		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Job Title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Have you ever been employed with this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, when? \_\_\_\_\_

Do you have any friends or relatives employed by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide their names and relationship to you.  
\_\_\_\_\_

**VOLUNTARY SELF-IDENTIFICATION**

Qualified resume submissions are considered for employment without regard to race, religion, sex, national origin, marital status, sexual orientation, veteran status, or disability. Completion of this form is VOLUNTARY and your failure to complete it will NOT preclude you from employment consideration. This information will be kept in a confidential file separate from your resume.

**Gender?**

Choose to not disclose

Male

Female

**Race/Ethnicity?**

Choose to not disclose

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Hispanic or Latino

Asian (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

<b>VETERAN STATUS</b>		
<p>Please check the box next to any of the following items that apply to you. You are considered a "protected veteran" under Section 4212 if you belong to one of the categories of veterans described below</p> <p><input type="checkbox"/> Choose to not disclose</p> <p><input type="checkbox"/> I am Not a Protected Veteran</p> <p><input type="checkbox"/> I am a Protected Veteran</p>		
<b>REFERENCES</b>		
<p>Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.</p>		
<b>Name</b>		<b>Occupation</b>
<b>Company name</b>	<b>Address</b>	
<b>Telephone</b>	<b>E-mail</b>	<b>Years Acquainted</b>
<b>Name</b>		<b>Occupation</b>
<b>Company name</b>	<b>Address</b>	
<b>Telephone</b>	<b>E-mail</b>	<b>Years Acquainted</b>
<b>Name</b>		<b>Occupation</b>
<b>Company name</b>	<b>Address</b>	
<b>Telephone</b>	<b>E-mail</b>	<b>Years Acquainted</b>

**APPLICATION FORM WAIVER – PLEASE READ CAREFULLY**

In exchange for the consideration of my job application by **Total Community Action, Inc.** (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, **TCA, Inc.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature \_\_\_\_\_

Date \_\_\_\_\_

“EQUAL OPPORTUNITY EMPLOYER”

1420 South Norman C Francis Parkway • New Orleans, LA 70125 • (504) 872-0338 / FAX (504) 872-0339  
www.tca-nola.org

“Auxiliary aids and services are available upon request to individuals with disabilities”  
LA RELAY – 1-800-947-5277