



Joseph R. DeSantis  
President/CEO

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Dear Potential Employee:

Thank you for your interest in employment with the Tri-County Community Action Agency. Tri-County has determined the basic, appropriate level of staffing needed to fulfill its mission and to meet the needs of the population served. The Agency employs staff according to the staffing needs/requirement of each individual department. These needs vary depending on a variety of factors such as grant-specific requirements as well as those requirements placed on individual programs by local, state and/or federal licensing agents.

The staffing patterns for each program operated by Tri-County are outlined in individual, departmental organizational charts. The job requirements for each position are outlined in each job description. Our goal of employing the “right” person supports management’s overall goal of making the Tri-County Community Action Agency an employer of choice, and one that builds loyalty, cohesion and competence within our workforce.

Before your employment can be officially approved, you will be required to provide basic information to the Human Resources Director. Therefore, we require you to submit the following **prior** to starting employment in any of the Tri-County Community Action Agency facilities:

**Agency Required:**

	Criminal Record Investigation: A Disclaimer form will be completed and signed by you. It will also be notarized by a Tri-County employee. This will enable Tri-County to access a BCI clearance on your behalf. If the results of this clearance show disqualifying information, this may not preclude you from employment with Tri-County. These results will be presented to the President/CEO who will approve/disapprove an employment offer.
	You will need to grant us written permission to conduct a nationwide criminal background investigation. We have a specific form for that purpose. If the results of this investigation show disqualifying information, this may not preclude you from employment with Tri-County. These results will be presented to the President/CEO who will approve/disapprove an employment offer.
	National Criminal Background Check (administered by the RI Attorney General’s office)
	Copy of three (3), written references
	Driver’s License or State-issued ID
	Copy of Current Vehicle Insurance
	A Passport <b>or</b> two (2) Forms of Identification to complete the I-9 Form (Driver’s License or State-issued can be one form of identification; another can be a Social Security Card or Birth Certificate)
	Voided Check (or a copy of the Direct Deposit Form from your bank)
	Completed Job Application which will be e-mailed to you once you have been notified that you have been selected for employment.

**Medical:**

	Certificate of Wellness: A statement from your Medical Provider verifying that you are able to perform the duties related to your new position.
	A TB / PPD test (and results) completed within the 6 months prior to your employment start date
	A 2-step TB test*, once you begin working at Tri-County
	Proof of two (2) doses of MMR vaccine or titer documentation proving immunity to Measles, Mumps and Rubella
	Proof of two (2) doses of Varicella vaccine or titer documentation proving immunity to Varicella (Chicken Pox). In

	the case of Varicella, you can also show a history of disease – signed statement from your Medical Provider
	Proof of one (1) dose of Tdap vaccine within the last ten (10) years
	Proof of Hepatitis B** series (or signed Declination form)
	Proof of Influenza Vaccine or signed Declination form
	Proof of COVID-19 vaccine or signed Declination form

\*All direct care health workers are required to have a 2-step TB test for employment. If you have had a negative TB test within the last 6 months, and have documentation of that test, the results can be used as your first step TB test. We will then require you to have one additional test prior to your start date.

\*\*Upon hire, since you work in a Department that deems you as significantly at risk for exposure to Hepatitis B, you will be offered the opportunity to receive, at no cost to you, a vaccination for Hepatitis B. If you chose to decline this option, a signed Declination Form will be provided to you.

**Other Forms/Documents:**

	Copy of any/all licenses/ certifications which verify that you are qualified to provide client care
	Proof of CPR certification (copy of card is sufficient)

Thank you for your cooperation in submitting these documents. If you have any questions, please do not hesitate to contact Sue Connaughton, Human Resources Director, at 401-519-1902.

Sincerely,

Joseph R. DeSantis  
President/CEO