

E-mail Address _____



TRINITY
EMPLOYMENT SPECIALISTS

How did you hear about this opportunity? _____

Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

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. _____

Please **DO NOT** put
SEE RESUME

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MILITARY
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____ Date Entered _____ Discharge Date _____

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.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
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.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

<p>Please DO NOT put SEE RESUME</p>
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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of Issue _____ Operator Commercial(CDL)
Expiration Date _____ Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Please list two **references**

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Typing Yes
 No

Yes
 No

WPM

PC
 MAC

OFFICE ONLY

10 Key Yes
 No

Word Yes
 No

Please Read Carefully

Application Form Waiver

I _____ certify that all statements and information contained within this application are true. I understand that the misrepresentation or omission of facts is cause for dismissal at any time without any previous notice. I hereby give Trinity Employment Specialists (TES) permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release TES from any liability as a result of such contract.

I also understand that 1) TES has a drug and alcohol policy that provides for pre-employment 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 further understand that continued employment may be based on the successful passing of job related examinations.

I _____ authorize Trinity Employment Specialists and any party or agency contacted to obtain a criminal background check including searching online social media. I understand that any job offers will be contingent on successfully passing both a background check and drug screen.

Signature of applicant: _____ Date: _____

Trinity Employment Specialists (TES) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with TES depends solely on your qualifications.

Thank you for completing this application form and your interest in Trinity Employment Specialists.

Emergency Contact information

Name _____ Relationship to you _____

Phone Number _____

Name _____ Relationship to you _____

Phone Number _____