



## Application for Employment An Equal Opportunity Employer

*Please read carefully and complete all information by printing in ink or typing.*

We are an equal opportunity employer, and do not discriminate on the basis of race, religion, national origin, sex, age, handicap, or status as a disabled veteran.

### Personal Information

Last name	First	MI	Preferred name	Position desired:	Date of application
Street address				Salary desired:	Social Security number
City	State	Zip	Home telephone		Cell phone

How were you referred to Trinity Green?

Have you ever been employed by Trinity Green? <input type="checkbox"/> yes <input type="checkbox"/> no If so, give dates and location.	Driver License State _____ DL# _____
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Are you legally eligible for employment in this country?  yes  no      Are you at least 18 years of age?  
 (Proof of U.S. Citizenship or immigration status will be required upon employment.)  yes  no

Do you have any relatives currently employed by Trinity Green?  yes  no  
 If yes, name and title:

Type of employment desired: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary <input type="checkbox"/> contract	What days/hours can you work?	Can you travel if necessary? <input type="checkbox"/> yes <input type="checkbox"/> no
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Do you have any objection to working overtime if necessary?  yes  no  
 Have you ever been convicted of, or received deferred adjudication, or pleaded guilty/no contest on any violation of **any** law or ordinance? (Include misdemeanors and felonies; do not include traffic violations for which a fine of \$150.00 or less was imposed)  yes  no      If yes, please state the details including date and place of the offense. A positive answer does not necessarily bar employment.

Can you perform the job for which you are applying, with or without reasonable accommodation?  yes  no

### Education and Training

School name	Location (city, state)	Major course or subject	Years Completed	Did you graduate?	Degree
High school				<input type="checkbox"/> yes <input type="checkbox"/> no	
Business/Technical/Trade				<input type="checkbox"/> yes <input type="checkbox"/> no	
College/Undergraduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
College/Post Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
Other education/training				<input type="checkbox"/> yes <input type="checkbox"/> no	

## Employment Experience

Starting with present or most recent, list all previous employers. Include self-employment, military experience, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Company Name	Type of business	Position
Location	Phone number	Brief description of job duties
Immediate Supervisor		
Dates worked From                      To		
Base salary	Commission	
Reason for leaving		
Company Name	Type of business	Position
Location	Phone number	Brief description of job duties
Immediate Supervisor		
Dates worked From                      To		
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Reason for leaving		
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Reason for leaving		
Company Name	Type of business	Position
Location	Phone number	Brief description of job duties
Immediate Supervisor		
Dates worked From                      To		
Base salary	Commission	

Reason for leaving

Explanation of any gaps in employment

### Outside Activities – Optional

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap).

Professional membership, certificates, or licenses held:

Past and present civic or cultural activities – include offices held:

Special accomplishments, publications and awards:

### Job Related Skills and Qualifications

Computer Skills/Software Applications (Please include all word processing/spreadsheet/presentation/database applications you have used, as well as your proficiency level in each.)

Please list other skills and/or equipment/language experience you have acquired:

### Military Record

Branch of service: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Time of Discharge:

Kinds of training and duty while in service:

### Professional/Work References

List three business/work references, including one past supervisor, who have knowledge of your qualifications for the position of which you are applying.

Name	Title/Relationship	Phone number (include area code)	Occupation

May we contact your current employer?  Yes  No  Later

Additional job related information you would like us to consider:

Trinity Green is an Equal Opportunity Employer and does not discriminate in employment. No question on this application will be used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. It is the policy of Trinity Green to not refuse to hire a qualified individual with a disability because of a need for a reasonable accommodation that would be required by the ADA.

I certify that the information on this application is true and correct and I understand any misrepresentation or omission of facts on my part will be justification for separation from service with Trinity Green, if employed.

I understand that inaccurate or incomplete information on this application is grounds for not being hired, or for being terminated in the future.

I understand that my employment is contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment. I give Trinity Green the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Trinity Green and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that my continued employment depends upon the will of Trinity Green or myself, and I am free to resign at any time, just as Trinity Green is free to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Trinity Green has the authority to make assurances to the contrary.

I understand that this application is considered current for 180 days. At the conclusion of this time, if I have not heard from Trinity Green and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that no firearms, drugs or alcohol are allowed on the premises of Trinity Green, or client property when representing Trinity Green, including parking lots.

I hereby give my consent for a background check by Trinity Green, or a third party provider, to the extent deemed appropriate by Trinity Green, and to contact references, verify employment dates, as indicated in the application. I consent to a third party background check provider to release information as is reasonably requested, subsequent to an offer of employment.

I agree that I will submit to a physical, urinalysis and/or blood test or other examinations when requested by the company, before, subsequent to, or after employment. I authorize any medical provider or substance screening company to provide Trinity Green with such information as is reasonably requested, subsequent to an offer of employment.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

If any of your educational or employment records are under other than the above name, please provide other names.

<b>For Office Use Only:</b>	
<b>Start Date:</b>	_____
<b>Job Title:</b>	_____
<b>Department:</b>	_____
<b>Manager:</b>	_____
<b>Rate:</b>	_____



**VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Applicant's Zip Code: \_\_\_\_\_

**ETHNIC GROUP:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_\_ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

\_\_\_ **Asian** - 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

\_\_\_ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

\_\_\_ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

\_\_\_ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ **Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_ **Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

**Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

**Multiracial**

**VETERAN STATUS:**

(Please check one if it describes your veteran status.)

**SPECIAL DISABLED VETERAN:** Means (A) a veteran 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 Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

**VIETNAM ERA VETERAN:** A Vietnam era veteran is a person who **(1)** served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; **(2)** was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or **(3)** served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**I choose not to participate in the Voluntary Self-Identification Form**

*Personal and Confidential*

*This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!*